

PILOT STUDY OF A PROCESS TO DISCOVER CHILDREN
WITH SPECIAL NEEDS

by

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fulfillment of the requirements for the
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CHAPTER I

INTRODUCTION

STATEMENT OF THE PROBLEM

In accord with American democratic philosophy of education, which has become an impelling force to educate all children, including those with special needs, the writer became aware of four interrelated problems which were of sufficient urgency to impel research.

1. The first concern was to develop a scientifically valid method of early screening of all children in order to discover special needs with emphasis on prevention of more serious problems.

2. The second concern was the need for in-service training of teachers in four areas:

(a) to develop a concept of the meaning of symptoms and behavior;

(b) to relax within their own professional limitations as teachers;

(c) to know and feel comfortable with the specialist help that is available in relation to special needs of children;

(d) to know and feel free to use the process of referral to this help.

3. The third concern was to find ways to apply the "team approach" among professional personnel serving children through the Board of Education.

4. The fourth concern was to develop a scientifically valid method by which professional personnel could feed back information and statistics to the community from which they were gathered, so that they might be useful in planning budgets and services.

BACKGROUND OF THE STUDY

The writer became aware of the problems outlined above while employed as Assistant in Research and later as Visiting Teacher in the Montgomery County School System. It was part of the writer's work to compile reports and releases to the community and to work with groups interested in gathering information or statistics from the school system. In the work as visiting teacher, the writer attempted to provide special help of one kind or another for children who were causing their teachers concern. Often these problems had been allowed to develop over a long period of time until they had reached emergency proportions and only then was help requested. Sometimes the problem was so severe that little could be done for the child before he passed compulsory attendance age and dropped out of school.

Although specialist help might often have prevented more serious problems from developing, teachers and principals sometimes appeared reluctant to call for this help. Apparently there were three principal reasons for their reluctance: first, fear of appearing incompetent as teachers; second, realization that special personnel could not possibly answer all the calls which schools might wish to make; and third, genuine lack of awareness of the meaning of symptoms through which the child expresses his need for special help.

To start with, the writer knew that there are systematic methods in general use in Montgomery County and the State of Maryland for screening certain types of problems. These will be described in a later chapter. She also surmised that a great deal of objective and clinical information might be available in school and agency records, or known to professional personnel acquainted with the children. These data then could be

synthesized into a valid diagnostic picture suitable for an initial screening process. From this background the first purpose of the research was born:

To develop a scientifically valid method for screening all children to discover those with special needs.

While attempting to implement one democratic right, the writer wished to exercise care that other rights were not neglected. She was aware that in some totalitarian countries children are "screened" at an early age, classified and planned for with little participation in the process either by the child or his family. This puts the child in the position of a "puppet" to be manipulated by the authorities in the educational setting. Therefore, the writer was most eager that the child and his family be protected in their rights to accept or reject each step in the process of screening; and also to accept or reject any referral to such special help as might be suggested. This protection in the screening process is especially important in the matter of confidentiality. The child or his family have a right to withhold medical or social information and certainly, if they do give it, they need every assurance that it will not become common gossip. The second purpose then was:

To use methods of screening which would maintain adequate democratic confidentiality for medical and social information.

The in-service training aspect of such a screening process commended itself as of prime importance. Not only do teachers need to develop the "feel" of the meaning of symptoms and behavior and of where to turn for special help, but also the special consultants need to learn to identify with teachers.

Many teachers have developed an awareness that there is some scientific

treatment for problems they face daily in the classroom with thirty or forty children. However, they often feel helpless and guilty because they cannot apply this treatment. Special consultants need to "feel with" teachers in these situations and recognize the many other demands on their time from administrative details and records and from extra-curricular activities with students. Ruth Strang has given a most sensitive treatment to the role of the teacher who wishes to use the "personnel approach"¹. The third purpose which the writer was most eager to accomplish was:

To screen children so that the process would have educational value for the screeners themselves.

The writer had special training and experience in three professions: teaching, which included vocational guidance counseling; family and children's case work; and psychotherapy with children. From this multi-disciplined background the writer became aware of two professional approaches which may be used to help solve problems of children.

One may be characterized as the "expert-consultant approach", in which any one professional discipline feels that it is the center and all other professions are merely adjunctive to its plans and goals. After participating in a conference where one profession has called on another one for help in solving the problems of a child, the writer has been surprised and dismayed at the expressions of supercilious inter-discipline patronage which sometimes reached the point of ridicule of one profession by another. Cooperation is difficult when professional defenses are up, and sometimes children suffer from segmentation as a reflection of the problems of their helpers.

¹Ruth Strang, Role of the Teacher in Personnel Work, Columbia University Press, New York. 1935. p. 480.

The writer has also had experience in what is known as the "team approach" in a clinic setting. In this approach no one profession dominates but cooperation is developed in staff discussions and inter-discipline conferences. The child's unique needs are the principal criteria for assigning professional help. From personal experience the writer is convinced that this "team approach" affords the most economical use of professional time as well as the greatest benefit to an individual child. The fourth purpose of this study was:

To discover how to foster the "team approach" among professional personnel serving children through the Board of Education.

As hinted earlier, teachers often hesitate to call for special help because the consultant personnel are over-burdened as it is, yet the community hesitates to set up additional services without a scientific method of justifying budgets. A number of community groups have attempted to solve this problem on both State and local levels. At the present time, there are many types of reports required from the schools and other community agencies. During the past five years a number of citizen groups and committees actually have attempted to make studies in order to justify budget requests. However, when a community wishes to count and plan for all of its children, including those with special needs, the problem assumes almost frightening complexity.

Such facts as height, weight, number of days present in school, living or dead parents, etc., have to be related to the way the child feels about his height, weight, school, parents and how the significant adults in his life react to him. Feelings and values become data to be considered in such a study. The question has been raised: Can scientific consideration be given to such data? From search of literature and from personal experience the writer believes this is possible. Therefore, the fifth

purpose was:

To find methods of gathering scientifically valid statistics suitable for community planning.

PURPOSES OF THE STUDY

The purposes of the study may be summarized as follows: To do a pilot study with a process:

1. To develop a scientifically valid method for screening all children so as to discover those with special needs.
2. To use methods of screening which will maintain adequate democratic confidentiality for medical and social information.
3. To screen children so that the process will have educational value for the screeners themselves.
4. To discover how to foster the "team approach" among professional personnel serving children through the Board of Education.
5. To find methods of gathering scientifically valid statistics suitable for community planning.

Correlated with these purposes the writer set up a number of hypotheses which would limit the study and give it sharper focus.

HYPOTHESES TO BE TESTED

1. It is possible to screen all children in public school so as to discover those with special needs.
2. It is possible to gather statistics about children with special needs which meet scientific standards of validity.
3. It is possible to screen and report findings more accurately and comprehensively than is done at present.
4. It is possible for a "team" of teachers and special consultant

personnel to do this scientific screening.

5. It is possible for certain educational side effects to accrue to the participants on a "team" of teachers and special consultants screening children with special needs.

6. It is possible to maintain adequate democratic confidentiality for medical and social information.

7. It is possible to discover ways to foster the "team approach" among professional personnel serving children in an educational setting.

8. It is possible to gather statistics which are suitable to be used for budgets and community planning.

9. It is possible that this process of screening children with special needs should be recommended for use in other schools.

10. It is possible that this process of screening children with special needs has value for each child screened.

CHAPTER II

FUNDAMENTAL ASSUMPTIONS

THE SCIENTIFIC METHOD

As hinted earlier in the Introduction, one of the fundamental assumptions which the writer takes for granted is that the scientific method can be applied to gathering and interpreting data about children. Some definition of the term "scientific method" needs to be stated:

It starts with a question or hypothesis so worded as to suggest a means of collecting experimental data which when classified in an orderly manner will support or invalidate the hypothesis.

In a study such as this where measurable facts have to be correlated or synthesized with values, it is possible to modify the scientific method but still maintain its important characteristics. Douglas Scates says:

The assessment of human values is, in many respects, no different from research of physical science. Physical science itself is not entirely divorced from values, since it rests on a set of objectives and standards which it takes for granted. In similar manner, by assuming goals and criteria appropriate to its work, the direct study of values may also develop in keeping with the scientific tradition.¹

It is necessary, therefore, to recognize two levels of data. The first includes test scores, vital statistics, grades, descriptive information about environment, and anecdotes describing behavior.

The second type of data are value judgments of children. This includes how these facts and methods of behavior look and feel to the child. Another type of value judgment which is dealt with in this study includes the prejudices, habits of thought and automatic reactions of teachers and

¹Douglas Scates, "Some Problems Connected with Evaluation", Journal of Ed. Research, XLV: 599, April 1952.

other special personnel.

The scientific approach demands that the individual or group which attempts to work within its framework maintain a special type of awareness. He must be aware of what he assumes to be true, his value judgments and prejudices in studying cause and effect. Simultaneously, he must also withhold final judgment during a period in which he gathers and considers data, yet keep in mind his purpose -- what he would like to do about it -- during the whole process. It is this disciplined awareness which makes the method scientific when dealing with subjective values and attitudes.

Since this type of awareness of personal prejudices is limited in every individual, greater validity may be gained if a group of such disciplined individuals agree on the classification of data.

To summarize, the scientific method may be identified by the following criteria:

1. It begins with a question which must be worded or delimited so that data may be collected to answer it decisively.
2. Assumptions, or what is taken for granted, must be stated and kept in mind throughout the study.
3. Data must be collected and classified in a systematic and orderly way.
4. Data are considered valid if collected according to prescribed procedures.
5. Greater validity may be assumed if a group of disciplined individuals agree on the classification of data.
6. Findings and conclusions are always tentative and subject to further research.
7. Findings are considered valid only in so far as the results

are reproducible by others using the same assumptions and methods.

In accordance with the criteria for the scientific method, it is necessary to state what is taken for granted before attempting any study. The first assumption which the writer has already outlined in the paragraphs above is that the scientific method is applicable to the problem. Other assumptions are listed below:

THE VALUE OF HUMAN BEINGS

All human beings are valuable and worthy of respect. This includes the physically and mentally handicapped, the emotionally disturbed, and the culturally or anthropologically different.

DEMOCRATIC RIGHT TO CONFIDENTIALITY

One aspect of respect for human beings includes the right of an individual or his family to keep medical and social information confidential unless he or they freely give permission for its release.

SCIENTIFIC CAUSATION OF BEHAVIOR

1. The learning and behavior of human beings are caused as they develop through time.
2. The causes of behavior and learning are multiple, complex, and inter-related.
3. At the present state of research, no methods have been devised for discovering all the causes operating to produce behavior in an individual at a given moment. Neither can one-to-one causal relationships be established.
4. However, through scientific synthesis it is possible to arrive at a statement of what causes may be operating and producing observed effects.

5. The minimal range of factors and processes that must be taken into consideration in arriving at a synthesis of cause and effect in the behavior of an individual are:

- a. Physical factors and processes.
- b. The climate of affection in which the individual lives -- relationship to close relatives or family substitutes.
- c. His status and relationship to his peers and significant groups.
- d. His social background and dynamics, cultural patterns and community.
- e. His potentialities, capacities, aptitudes, skills, knowledge, interests, attitudes, values and goals.
- f. His adjustment processes -- how he acts under emotional stress and what situations create pleasant and unpleasant emotions.¹

THE PROCESS OF LEARNING

The writer's beliefs about the process of learning are undoubtedly colored by her "multi-discipline" background -- education, social case work and psychotherapy. The monumental works of Van Helmholtz, Thorndike, Pavlov, Lewin, Dewey, Ebbinghaus, Binet, Watson and others are certainly not to be ignored. However, the writer's greatest concern is with motivation and readiness, especially in attempting to promote in-service training of teachers and to develop the "team approach."

The writer believes that psychotherapy is essentially a process of breaking down habits of thinking and feeling reactions and re-education

¹These fundamental assumptions about scientific causation of human behavior were compiled by the Commission on Teacher Education set up by the American Council on Education, and reported by Dr. Daniel A. Prescott in Child Development, Vol. 19, Nos. 1 and 2, March to June, 1948.

toward new self-discovered goals and habits. The writer feels that any education of adults which hopes to touch attitudes and values has psychotherapeutic overtones, if one accepts the above definition. She therefore sees little value in in-service training goals which are imposed from without on teachers or other personnel.

During the writer's training for social case work and as a psychotherapist, she experienced a great deal of re-education and re-orientation of concepts and values which brought about changes in behavior in relation to people. This type of re-education for the writer had psychotherapeutic overtones and took place in conferences with her supervisors and in staff meetings.

The field of social work has borrowed some aspects of the training process used by psychoanalysts and has developed a type of supervision which is unique. Supervision in social work attempts to bring about basic character changes in the supervisee.¹ Skills, techniques and methods are certainly a part of learning. Many facts are utilized in arriving at diagnostic decisions and case planning, but the very personal element of the needs, defenses, and psychological patterns of both the client and the case worker are included in this process of clinical thinking through to the solution of a problem with the help and support of a supervisor. It is taken for granted that the professional person is a human being with dynamic mechanisms which interact with those of his clients, and in order to give service, he not only has to be aware of his clients' patterns of behavior but also of his own.² In such an educational experience a

¹Gorden Hamilton, Theory and Practice of Social Casework, Columbia University Press, New York. Chapter II, p. 27. "The Use of Relationship." 1951.

²Margaret Williams, Supervision: Principles and Methods, Womans Press, New York. Chapter III, p. 23. "Functions of Supervision: Education or Teaching." 1950.

tremendous amount of factual data is absorbed because it is needed for use in relation to a specific case problem, but these facts fall into secondary place in the view of the caseworker when compared with the changes in feelings and attitude which accompany this process of clinical supervision and support.¹

Along with this type of individual supervision, clinic staff meetings serve as another most useful educational experience.² Here it is possible to hear many points of view in relation to one case. Here the different professional disciplines bring unique types of awareness into focus and "educate each other." In a sense, a series of staff meetings may be likened to group supervision of each participant in which each profession uses all the other participants and in turn allows himself to be used for the good of the client.³

The in-service training experiences described in this study are an attempt to modify this type of educative process and to make it applicable to groups of teachers and the team of consultants available through the Board of Education.

Types of Learning. Much of the learning described above which the writer experienced was through introjection -- catching new thought patterns and attitudes from a professional associate who had them already. This professional associate might be either a supervisor or a peer in staff meetings.

¹"Development of Staff Through Supervision." Family Welfare Association of America. A reprint of articles in The Family, New York.

²Trecher, Harleigh B. Group Process in Administration, Woman's Press, New York, 1950.

³Margaret Williamson, Supervision--Principles and Methods, Woman's Press, New York, 1950.

Another type of learning occurs through shock or traumatic experience. Trauma produces immediate learning, a restructuring of the perceptual field that has been shattered. If the shock is strong enough, one is forced to re-integrate around the trauma. However, it often produces a repression of old learning and simply builds a new orientation on top of the repressed learning which, in turn, ties the individual up with unsolved conflicts. For this reason, insight from trauma or direct attack seldom results in improved objective orientation. Much educational supervision which the writer has experienced has been of the shock or trauma variety in which the supervisor or principal comes in as the all-wise authority to hand down criticisms.

The writer believes there are two types of motivation for learning. One is pain motivation which produces automatic avoidance reactions. One learns to duck automatically when the teacher speaks in a certain tone of voice. The other motivation is based on pleasure, on the feeling of expanding, fulfilling one's self, of greater power and worth. This type of learning often comes as a result of insight.

Insight which comes as a side effect of some other activity, such as discussing and planning for every child in one's class, is less likely to be thought of as a direct attack or painful than other types of discussions in which the supervisor may make a direct criticism which can be interpreted as a traumatic experience. Therefore, it would seem that more learning can occur where the individual feels comfortable. Direct attack on the beliefs of an individual more often brings grudging conformity to avoid pain than any genuine learning through internal reintegration.

When genuine insight occurs, it involves a restructuring of the way the world looks and feels to the individual, which, in turn, produces

automatic changes in attitudes and behavior patterns.

Another process of learning is through trial and error. When an individual is attempting to learn something as complex as new patterns of behavior through trial and error, his trials are usually observed as roles. Children play house. Teachers try out new ways of discipline.

To the observer, roles or trials often appear insincere and superficial. However, if the experimenter is aware of what he is doing as a trial and error process and learns how to evaluate and analyze his successes and failures, this may be a most useful way of learning.

Summary of Fundamental Assumptions. The scientific method may be applied to attitudes and values as well as so-called factual data, if certain orderly criteria are followed. All human beings are valuable and have a democratic right to keep medical and social information confidential. There is a minimal range of factors and processes which must be taken into consideration in studying cause and effect of behavior in human beings. Finally, the educative process is a gradually increasing consensus between the teacher and the student regarding the subject matter, which has been mutually agreed upon, and ideally involves reintegrative changes in both the teacher and student.

CHAPTER III

SELECTION OF A METHOD

SURVEY OF DATA AVAILABLE

Through the years, in answer to the expanding vision of the meaning of factual data, many types of records have been developed in Montgomery County. Some of these are required for reports to the State Department of Education; others have been set up either through the Montgomery County School System or the Montgomery County Health Department; still others have been worked out by the administration and faculty of an individual school.

The first and most comprehensive record is the pupil's permanent record card. There are two forms: one for grades one to six (See Appendix A 1) and one for grades seven to twelve (See Appendix A 2). These two permanent record cards have a wealth of factual information about the child himself and about his family background. For example, the birthplace, citizenship, education, marital status and occupation of parents; number of brothers and sisters with whom the child lives, whether parents, guardians or other; the educational facilities of the home, such as library, magazines, radio, etc., and estimates of how much work the child has to do at home. There are check lists evaluating personal and social relations of the child, factual data about extra-curricula activities, vocational interests, work experience, and actual grades earned, as well as the yearly attendance record, including names of schools attended. There is also a record of standardized tests.

Another permanent record which follows the child through his school career is the Pupil's Medical Record. (See Appendix A 3) This record includes certain factual data about the child's name, age and family, plus a record of immunizations, illnesses, name of family doctor, location of

additional confidential information in private medical files and space for notes from routine medical checks by the school physician. On the back, space is allowed for notes on teacher-nurse conferences, parent conferences, home visits, physician conferences, etc. Aside from this medical record there is another form called Teacher's Observation of Pupil's Health (See Appendix A 4), which may be used as a guide for teachers to note and check, with dates, etc., to help spot symptoms of illness and call them to the attention of the proper people. These symptoms are grouped under general condition and appearance, eyes, ears, nose and throat, skin and scalp, teeth and mouth, growth, posture and musculature, and behavior.

Aside from these permanent record cards there is a separate cumulative folder for special records about each child. Such things as notes from parents excusing the child because of illness or other reasons, notes about disciplinary measures taken by the administration or teacher, notes about special crises in the life of the child, are kept in this file. It is destroyed at the end of the child's school career. This cumulative folder has a wealth of subjective and colorful material which gives many clues to the child's home life and general cultural background, as well as health status.

So far as factual records are concerned, there was only one type of data which the writer did not find. This was a consistent record of the special services to which the child was referred, with date and type of service mentioned. Such special services as pupil personnel, school nurse, school psychologist, home teaching, lip reading and other community services such as Mental Hygiene Clinic, Social Service League and Welfare Board were not noted on a required report form.

Along with the records which are kept routinely by the school and the

school nurse there are many other types of records which community agencies keep about children whom they serve. For instance, each clinic in the Health Department has an individual record on every patient seen. The public health nurses have exhaustive records of families whom they visit during the year. (See Appendix A 5) The Welfare Board keeps exhaustive process records which contain both factual data and professional evaluative or diagnostic impressions. The Social Service League also keeps similar process records of every family or client. The Mental Hygiene Clinic records psychological and psychiatric diagnostic services as well as extensive social background data, which are kept in confidential files, about every patient accepted. A running record of treatment progress is also maintained.

These agencies in a sense are responsible to the public because they are supported either by tax funds or through contributions to the Community Chest. Their records are made available when the client or patient gives permission, and the information can be released to a responsible, professional person.

There is also a tremendous body of unrecorded information known to teachers, principals, nurses, visiting teachers, social workers and other personnel which can be of inestimable value in formulating the needs of a particular child if all these sources can be tapped.

REPORTS COMPILED REGULARLY ABOUT CHILDREN AND THEIR FAMILIES

School System. At the end of the month each teacher is required to turn in her register which contains a record of each pupil enrolled, number of days present or absent, late registrations, withdrawals, etc. At the end of the year this information is compiled into an annual report called

"Principals and Teachers Report of Enrollment, Attendance and Promotions," (See Appendix B 1) which, in turn, the county school administration tabulates into a county report for the State Department of Education.

Items of special interest to the community, which might be picked up from this report, are:

1. Source of Enrollment -- the number of transfers from school to school, in and out of the county, and even from one room to another.
2. Causes of Late Entrance.
3. Causes of Withdrawal, such as transfer, committed to an institution, entering the armed services, mental or physical incapacity, marriage, economic reasons, etc.
4. Causes of Promotion and non-Promotion, as well as the grade and sex where these occur.

The School Census. The most comprehensive general report on all children in Montgomery County, other than the national census, is the bi-annual school census, which the superintendent is required by state law to take of all children between the ages of 6 and 18.¹

The State Department of Education sends out instructions and provides the blanks (See Appendix B 2) for tabulating the data. As may be noted, not only is the name and address of every resident child required, but also his age, school he is attending, and information about any handicaps he may have, including those which may prevent his going to school.

The superintendent in each county is at liberty to delegate the compilation of the census as he sees fit, except in Baltimore where the police are required by law to take the census. In Montgomery County the over-all

¹School Laws of Md., Vol. XXVIII, No. 2, April 1948, Baltimore. State Dept. of Ed., pp. 26, 32, 55, 136-37, 176-77, 179.

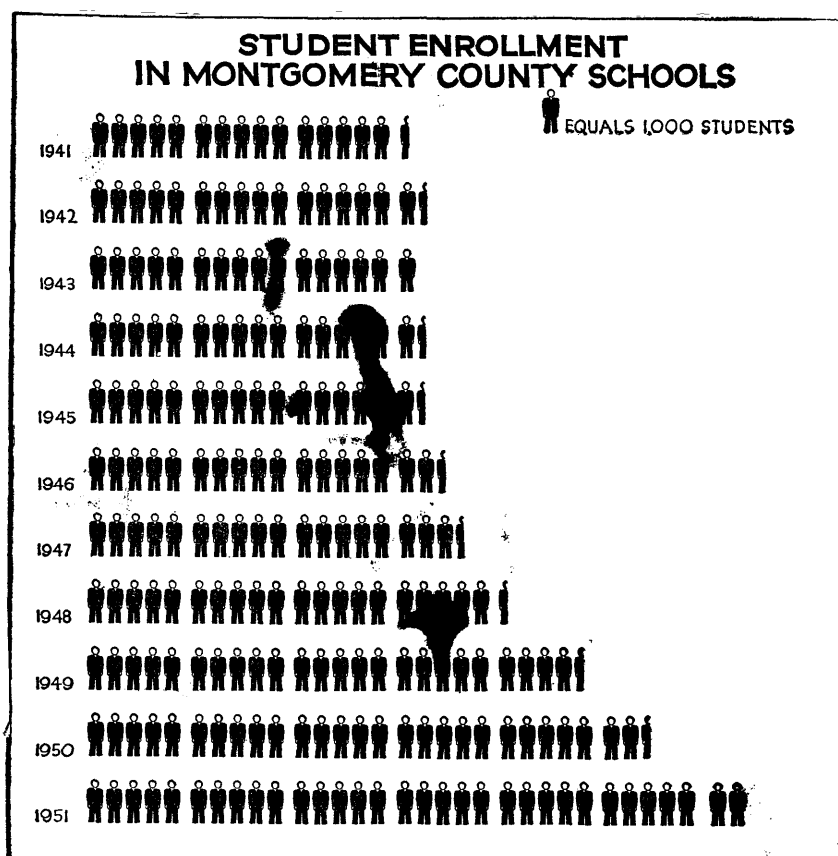
supervision of the census is delegated to the supervisor of pupil personnel and the principals of local schools are in turn made responsible for the direct house-to-house check. The principals are at liberty to call on volunteers from the P. T. A. to assist in this operation. Rarely are teachers called upon to participate in the actual house-to-house visitation.

In each local community the job is carried out with varying procedures and with great differences in the final accuracy of the results. Although the categories for classifying children are reasonably general and require a minimum amount of professional judgment, the use of volunteers means that a neighbor comes ringing the door bell of the parents of a handicapped child asking very personal questions about his handicap, diagnosis, and treatment. If the volunteer is reasonably conscientious, the questioning is likely to become embarrassingly personal. Legally, parents are required to give this information to the census taker. In practice, handicapped children are sometimes concealed in closets or hustled out of sight.

Another disadvantage of taking census in the present manner is the rapid population change which makes the figures obsolete before they can be tabulated and reported. This is graphically illustrated on Page 21.

Expected school populations in various areas have to be checked at the minimum of twice during every school year. Even with the most careful checking of building permits, vital statistics, etc., and the use of scientifically tested formulae, actual registrations are sometimes radically different from predictions.

Since the actual data collected by volunteers is so variable from neighborhood to neighborhood and the figures become obsolete within days



From County Manager's Report--1951

or weeks at the most, the writer questions the value of the school census as it is now taken.

Other Agencies. At the end of each month the nurse makes a report of how she uses her time. This includes the number of patients she saw with some classification as to the type, number of clinics, number of home visits, number of meetings attended, number of conferences, etc. (See Appendix B 2) This in turn is compiled into a county report and mailed on to the State Department of Public Health. (See Appendix B 3)

There are also careful statistics kept on the number of patients seen in all clinics of the Public Health Department. However, when the writer requested some breakdown of diagnostic categories of patients, this type

of statistic was not available. In other words, a patient may be seen and recorded as examined but there the statistical report stops.

The Department of Public Welfare is required to prepare a monthly report and an annual report (See Appendix B 4) which contains information about number of clients, number of home visits, number of workers, etc. The Juvenile Court, another public institution, prepares statistical reports regularly about the type of children's cases seen for formal and informal hearings, types of complaints and the disposition made of these cases. (No form available) The Social Service League prepares a report for the Community Chest and Council, stating number of clients and type of service given (See Appendix B 6). The Mental Hygiene Clinic prepares a report for the State Department of Mental Health, as well as for the Community Chest, which gives certain types of statistical information about its services to the community (See Appendix B 7).

REPORTS PUBLISHED REGULARLY

Aside from the reports prepared by the various departments and agencies to be filed with their administrative superiors, another type of report is published by most of them. Some statistics are given, but the facts and information are interpreted for public consumption. Attention is given to the form in which information is presented. The most comprehensive report of this kind is published by the County Manager (See Appendix C 1). This contains many graphs and charts as well as pictures of all departments of the county government.

The Board of Education publishes several types of reports. Each year the financial report comes out in county newspapers. Communications to Parents (See Appendix C 2) are sent home at intervals during the school

year. These communications deal with questions and give information which the administration feels will interest parents at the particular time of publication.

The Health Department publishes an attractive little booklet describing its services (See Appendix C 3) and the Juvenile Court also puts out a similar type of report. (No complete reports were available to include in the Appendix but excerpts were duplicated in Appendix C 4)

The Mental Hygiene Clinic and the Social Service League of Montgomery County prepare reports which are mimeographed and presented at their annual meetings. (See Appendices C 5 and C 6) Other community agencies such as the T. B. Association, the Crippled Children's Society, the Cerebral Palsy Association, the Lay Health Fund, the Community Chest and Council, etc., also prepare reports which are distributed to the public in various ways.

SURVEY OF RECENT COMMUNITY STUDIES

IN MONTGOMERY COUNTY

Community groups have become interested in the problem of adequate information to be used for community planning. In 1948 the Eastern Suburban Area Study Group made a survey of unmet needs of exceptional children. This report was presented to the Board of Education on October 12, 1948, and may be summarized as follows:

The study was confined to the 13th election district. Sixteen white and four Negro schools were studied under the direction of a pupil personnel worker, who worked with a committee of principals, and staff to prepare the school questionnaire and interpreted the questionnaire carefully to all school principals. The director of school health and other professional staff worked closely with this committee of volunteers. Parents who served on the committee and secured the cooperation of each school P. T. A. in the distribution of 15,000 questionnaires in this area demonstrated this same concern for children who have special needs.

The more significant "Unmet Needs" revealed by this survey seem to fall into four groups:

I. Problems of Mental and Emotional Health (including 2.6% mentally retarded). These include children needing help from mental hygiene, special help from guidance and pupil personnel service, and special program such as work experience program, vocational work, etc.	699 or 9.6% *
II. Speech Defects	130 or 1.8% *
III. Reading Difficulties	355 or 4.9% *
IV. Children in Need of Institutional care, special class or other special education facilities, children who are not in school and therefore were not included in school survey should be added to 36 found above, making a total of 77	36 or .5% *

* Percentages are of total number of children studied in school, 6500 white and 790 colored.

The list of recommendations is of special interest as some of them have been carried out between 1948 and the present time.

1. Immediate steps be taken to check the validity of the figures for this sample of children by further sampling in other schools in other areas of the county.

2. Further study and investigation be made as to all the resources of the community, state, and federal agencies that may contribute to the alleviation of this need.

3. Consideration be given to further practical plans and services that may be developed in the schools to meet this need.

✓ The large number (13%) of colored children needing special classes should be noted. This points to an urgent need to determine the educational requirements of these children and to secure the facilities necessary to provide such a program. Also, the fact that only 7 children were reported as in need of help from the guidance and pupil personnel service would seem to indicate that the colored schools have not yet learned to use this service. If such service were made more readily available to the colored schools they would doubtless find it as helpful as the white schools have found it.

II. & III. The lack of special facilities for helping speech defect and reading difficulty cases is also a handicap which burdens teachers so as to interfere with teaching

normal children. These handicaps not only retard the school progress and the mental and emotional development of the afflicted individuals during school years but are often the cause of such frustration and disappointment that their handicaps are never overcome.

We recommend, therefore, that adequate diagnostic facilities be developed for guidance in the correction of these handicaps, as well as special teaching facilities. Here again, we recognize that these special services can be developed best through long term planning for the fullest use of all school and other resources as well as the addition of special staff.

IV. The fourth group is either not in school or is presumably so handicapped that further special facilities should be developed for them to benefit from public education. Further study of the abilities and disabilities of this group will be necessary before any specific recommendations can be made. Apparently the mentally retarded who should have care in a state institution are an unnecessary burden upon the community. The cerebral palsy cases have had no opportunities for public education unless their handicap is slight. The development of further diagnostic and guidance service is a first step.

The number of cases in the fourth group particularly needs further investigation to determine all the cases not now attending school as well as the children that may be revealed by the next bi-annual school census.

Second Study of Unmet Needs. The Board of Education was sufficiently interested at that time to request that the study be expanded and another report was prepared and presented May 10, 1949. This report may be summarized as follows:

Of the 21,323 children studied, 19,175 were white and 2,148 were colored. The children were reported by each school only after consideration by all the teachers, and after careful screening by counselors and principals. The following are the total number of children reported as needing special help as indicated.

1. These children (who should remain in a regular school group) need:

	<u>White</u>	<u>Colored</u>	<u>Total</u>
a. Psychological or psychiatric help	2.6% 489	5.4% 116	2.8% * 605
b. Help from a speech clinic	1.7% 335	3.9% 85	1.9% 420

	<u>White</u>	<u>Colored</u>	<u>Total</u>
c. Help from a reading clinic	5.4% 1042	10.0% 242	6.0% 1284
d. Special help from guidance and pupil personnel service	6.1% 1178	3.6% 77	5.9% 1255
e. Special program such as work experience program, vocational work, etc.	2.7% 509	8.0% 176	3.2% 685

* Percentages supplied by the writer.

2. These children who are now in school should be in a setup other than the regular school system.

They need to be in:

a. Institution for feebleminded	17	6	.1% 23
b. Institution for delinquents	9	6	.07% 15
c. School for physical handicaps	11	4	.07% 15
d. Boarding school for study and adjustment of emotionally maladjusted children	58	12	.3% 70

* Percentages supplied by the writer.

It will be noted that about 20% of all the children in school need special help of one kind or another. We realize that these figures are based on subjective judgments of teachers, but it has been found that teacher's judgments correlate very closely with objective test results. These are problems common to children in schools everywhere, and each school system must work out these problems in its own way. At the present time, teachers are working with each child within the framework of services available.

This report continued with recommendations regarding psychological and psychiatric guidance services, facilities for special training, help with reading problems, program for gifted children, work experience program and vocational work, and regarding the need for institutions outside

the school system. These recommendations are too lengthy to be included in this summary, but are indications of careful thinking on the part of community groups.

Youth Commission Reports. Another community group which has interested itself in various aspects of the needs of children, is the Commission for Youth for Montgomery County, which was established in the summer of 1950 with the immediate purpose of preparing a report to be submitted to the state and in turn transmitted on to the White House Conference.

Seven subcommittees were set up, composed mostly of professional people actually working with youth in the county in health, welfare, family counseling, recreation, education, employment, and juvenile court, to compile a report of existing services, gaps in services, and recommendations for future planning. These reports were called for early in September and the deadline date was October 1, so it was impossible to do a detailed research job; however, it is the impression of the writer, who served as secretary to the Youth Commission, since its founding, and acted as custodian of these reports, that a great deal of very careful thinking and numerous sound recommendations were made at that time.

As a method of following up the White House Conference, in November, 1951, the Youth Commission sponsored a Montgomery County Conference on Problems of Youth. Approximately 120 persons registered. These delegates, both youth and adult, had been invited because of their demonstrated interest and/or responsibility in relation to the youth in the county. In preparation for this conference and as a summary of existing services, the writer prepared a Directory of Services and Organizations for Youth. (See Appendix D 1)

Part of this conference was devoted to small group discussions which culminated in a series of suggestions which were summarized and published in a report of this conference. (See Appendix D 2) The committee which was appointed to study these suggestions came back with a report to the Youth Commission in April, 1952, recommending that further research into the needs and facilities in the county was urgently needed before the Youth Commission could feel free to go on record as sponsoring any new services or administrative recommendations. In other words, there was not sufficient data available from community reports upon which to base a sound judgment for recommendations.

Nolte's Thesis. Another study of needs of 47 children in one school was made by Mrs. Margaret Nolte.¹ Children in this school are drawn from all parts of Montgomery County and are representative of the Negro population. The focus of this study was on social and psychological rather than educational problems of children, although the child's educational adjustment was considered.

At the beginning of this study, conferences were held with the principal and teachers of the school to determine the kinds of problems which would be covered. A questionnaire was then prepared and the teachers were requested (but not required) to return the questionnaire for each child whom they considered to be a problem.

Each teacher was interviewed about the children whose names were submitted, to learn what he saw as the problem and what services he felt a child needed. Information was secured in this way about the child's behavior, his social relationships, his attendance, academic achievement,

¹Nolte, Margaret, "A Study of 47 Negro Children," Unpublished MSW Thesis, Howard University, 1953.

and the teacher's picture of him. Some of the children were interviewed when there was a need for finer classification of the child's problem or his feelings about his problems in order to understand what was needed.

The school psychologist could not devote much of his time to this project but decided he would give one simple test to the children selected who seemed to have emotional problems or who showed discrepancies in two similar group tests or between ability and performance. Children in whom mental retardation seemed obvious were not chosen.

Findings. Children noted and reported by the teachers for study were all failing one or more subjects. All except two were considered by the teacher to be classroom behavior problems. Twenty-eight or 60% were truant. In considering causative factors, the teachers reported that 27 had family problems, 17 had health problems and 13 were emotionally disturbed.

In this study truancy was considered to be both a cause and a symptom of maladjustment in school. Seventy-one percent of the truant children were also considered to be mentally retarded. This seems to indicate that truancy is closely related to the problem which mentally retarded children face in using the present program. In both the truant children and mentally retarded children about 75% had family problems too. The study contains many case histories and much original data with which to back up the conclusions.

Summary of Recommendations. If teachers are to help children find some solution to their problems they will need cooperation from the community. Teachers see the "whole child," but when children have special problems they need assistance in identifying these problems and referring these children to community agencies when this is indicated.

Many children in this study were known to have had problems from the lowest grades in school on up. Many graduated from junior high school

without knowing how to read or write. Many have been truant since the primary grades. Truancy can always be considered an indication that something is wrong; yet in most of these cases it has not been possible to do anything about the underlying problem. Many children have been behavior problems throughout their school existence. The child needs to be helped with these problems before they have been buried under layer upon layer of frustration and failure. When a child cannot learn or cannot adjust to the group, the teacher has a right to expect professional help in learning the cause for this failure.

When referral to community agencies seems indicated, channels for referral should be readily available, and the kind of service an agency can offer should be clearly understood.

Psychological services within the Board of Education have been very much strengthened recently; they are still inadequate to serve the entire school system. The fact that so many really troubled children are not receiving help indicates the lack of diagnostic service and the inadequacy of channels for referral from the school to the community.

It was felt that it would be a real contribution to the children and to the community if a well-trained social worker could be assigned to a school for a period of two years as a demonstration project. This worker could help the teaching staff in identifying deviate behavior in children. She and the teaching staff could study the child's problem in relation to his own capacities, his home situation, and his school performance, securing the services of the Board of Education psychologist where indicated. She could help the teacher to work with the child, or refer the child to the appropriate agency in the community when this seemed advisable and such service was available. A most important function of this worker would

be to point out to the community the gaps in service provided for these children, so that the community could begin to take over its responsibilities to them.

Special Education Study. In November, 1951, the superintendent of schools received the following letter, which contains information about a community study group on the State level.

To the County Superintendents of Schools:

Last year the State Board of Education authorized the appointment of a committee to study special education in Maryland. The committee, appointed in September with Mr. George Constable, a Baltimore attorney, as chairman, held its first meeting on October 11, 1951. The minutes of that meeting are enclosed.

You will notice that the committee decided to study first what areas should be included in special education and how many children there are in each area. This task was given to a subcommittee which is now enlisting your aid in obtaining accurate or as nearly accurate figures as you can assemble for your county. Please ask the staff member in your department who is responsible for special education to attend to this as soon as possible. We suggest that you study the census, contact the local department of health, and confer with supervisors of pupil personnel. The enclosed questionnaire specifies certain areas but they are not all-inclusive. Feel free to add any others you may have in your county. The subcommittee is most anxious that you list all types as well as the degrees of severity within each type.

We realize the difficulties you will meet in making this study, but we ask your cooperation in producing the best figures you can and in returning the forms to Miss Ely in this office as soon as possible.

Sincerely yours,

T. G. Pullen, Jr.
State Superintendent
of Schools

The superintendent delegated the responsibility for preparing this report to the supervisor of pupil personnel. The writer was employed at the time as visiting teacher and was sufficiently motivated by this request to attempt to do a spot check or pilot project in one elementary

and one senior high school.

The writer investigated the reporting methods of various committees, institutions and agencies as outlined above and became convinced that no comprehensive, adequate, and continuously up-to-date system of reporting existed in the county at the time the study was undertaken.

SURVEY OF LITERATURE ON OTHER COMMUNITIES

In order to avoid the mistakes which had been pointed out by other researchers and to become aware of many possible methods, the writer made a preliminary survey of literature which described what had been done in some other communities.

The first and most comprehensive study was "An Evaluation of School Health Procedures"¹. This study was sponsored by the American Child Health Association in 1933 and represented a new approach in the field of organized child health. It sought to probe deeper than previous studies and to determine the effectiveness of the work as disclosed in the results detectible in the children where various types of health programs were specifically designed. Most comprehensive "health education tests," objective measures of growth and their nutrition status, evaluations of teeth and finally influence of social and economic factors on the health of the child were built up and used exhaustively in this research project. In many cases entirely new instruments of analysis were introduced; in others, old devices were adapted. The body of this particular monograph leans toward dogmatic statements based on previous research.

These studies form the basis for current practices in school health procedures, including the teacher-nurse conference and health education

¹American Child Health Association, "An Evaluation of School Health Procedures", J. J. Little and Ives Co., New York: 1933.

of pupils, teachers and parents.

A second study which the writer discovered was called "Mental Health Needs in a Rural and Semirural Area in Ohio"¹. This report presents in popular style the main findings of a nine-month survey of mental health needs in Miami County, Ohio, a typical rural and semi-rural area in the western part of the state. The methods of investigation were those usually employed by social science researchers. Prevalence of personality disorders were estimated from selective service records, a rough screening of school children, Juvenile Court records, Adult court records and divorce court records, as well as court records of commitments to mental hospitals and state institutions.

No attempt was made to recommend a program to meet all mental health needs; however, recommendations were made under service, education, organization to procure legislation, and research and evaluation. These general recommendations were delineated specifically under Special Service for School Children, Child Study Specialist, Demonstration Mental Hygiene Clinic, as well as Marriage Counseling and Family Living Program.

The Philadelphia study² which was completed in 1945 was a survey of psychiatric facilities for children, to provide data on which planning for the future may be based. It was a move to bring some real thinking as to the present resources in the community in the field of child psychiatry and to organize toward a sound plan of expansion in view of what Philadelphia

¹A. R. Mangus and John R. Seeley, "Mental Health Needs in a Rural and Semirural Area of Ohio. Based on a study conducted jointly by the Division of Mental Hygiene of Ohio State Department of Public Welfare, Ohio State University, Ohio Agricultural Experiment Station, Columbus, Ohio. February, 1950.

²Helen Leland Witmer, "A Survey of Psychiatric Facilities for Children in Philadelphia and the Vicinity", December, 1945.

was going to need in the next decade.

Facts were studied about present facilities for children, by whom they are being used, what services they are rendering, and the unmet needs as seen by schools, courts, social and health agencies, etc.

Three trained social workers collected data through the use of prepared schedules, in personal interviews with the directors of psychiatric clinics, and through abstracting data from clinic case records. A third schedule was used in a public opinion survey to discover what various professional groups thought about the current situation.

Conclusions were that more psychiatric service should be provided, that some means should be evolved for making such service more accessible and acceptable to parents and more psychotherapists should be trained. Suggestions for carrying out these conclusions were discussed by the writer, Helen Witmer. No satisfactory location for psychiatric clinics was recommended but suggestions were made to establish them in hospitals, as part of child hygiene clinics in the Department of Public Health, as part of the public school system or to expand the existing Child Guidance Clinic with many branches. The survey indicated the need for a new kind of facility in which seriously disturbed children who required a controlled environment might be treated.

Miss Witmer felt that the question of where competent psychiatrists are to be found seemed almost insoluble at present, but suggested that the psychiatric profession needs to face the question of training clinical psychologists and social case workers, to practise as psychotherapists with medical consultation. It may be that such non-medical personnel can aid in making psychiatric service more acceptable to parents. However, in view of the apparent impatience of some case workers, nurses, teachers,

and others, with parents who do not want to use a clinic's help, it might be suggested that child psychiatry should be "interpreted" to these professional workers as well.

She ended by stating that one of the chief needs, not only in Philadelphia but everywhere, is for more research in this whole field. Provision should be made for continuous reviews of what is being learned in the clinics, close analysis of findings, and for that steady asking of questions and collection and analysis of data on which the advancement of science in all fields depends.

"The Four Million"¹ is the most exhaustive study of its kind ever undertaken in New York state. It was set up under a citizens' committee of one hundred appointed by the governor and was organized into sections of child care, mental health, education, youth services, rural youth, industrial youth, and prevention and protectional care. Seven hundred persons, lay and professional, served as members of the different committee sections. Fact-finding activities of committees and their technical advisors produced a mass of valuable material which formed the basis for the recommendations contained in this report.

Some of these recommendations were especially interesting. For instance, it was suggested that many individuals and organizations other than those directly concerned with medicine are playing an increasingly important role in the application of the best of what is known about mental and physical health today.

Personality traits and attributes should be given as much weighting as possible in the selection of social workers and

¹New York State Citizens' Committee of One Hundred for Children and Youth, "The Four Million," Chairman Samuel R. Milbank, Albany, New York.

nurses working with families and children, school psychologists, school nurse-teachers, visiting teachers or school social workers, guidance counselors, and teachers in nursery schools, kindergarten, and early grades of the elementary schools.

It is recommended that theological seminaries provide courses in mental hygiene principles, concepts of mental health and disturbances of human behavior. It is recommended that the teacher, the school nurse-teachers, the visiting teachers, attendance staff, the guidance counselor, and other educational personnel receive advanced training in counseling and guidance, and in work with behavior disorders of children and adolescents.

Educational recommendations suggested that excessive truancy is the forerunner of more serious delinquency, as shown in almost every study of delinquent background. The educational problems of children committed to State institutions appear to be increasing rather than decreasing. The larger proportion of children who cannot read or whose reading level is so low that their entire educational development is affected was noted with special concern. More and more state institutions find it necessary to adapt standard curricula to specialized educational needs of children.

Studies are needed to determine scientifically what types of children need service, what services are needed, and how institutional programs can be developed to meet these needs. It was found that there was no place for the extremely disturbed child, the near psychotic child, the child returning from a mental hospital, the overt homosexual, and the epileptic. Educational programs need to be expanded to include remedial instruction for those who were educationally but not mentally retarded.

The committee recommended an administrative reorganization, transferring to a single unit of state government the authority to carry out all custodial treatment of youthful offenders, to conduct comprehensive studies of the sociologic, mental and physical components involved in the case of each offender before a judicial decision of any kind is made. These very broad functions should be managed by a director meeting high

standards of training, experience and competency.

The Baltimore study¹ was made at the request of the League of Women voters. It was concerned with the problems and needs of 131 children known during 1951 to seven social agencies in Baltimore City. Each of these children was described as being seriously emotionally disturbed and for whom there were no resources available in the community. The task of the committee was threefold: first, to form an opinion in regard to the child's problem and the resources for care which the child needed; second, to identify unmet needs in the community; and third, to make recommendations arising from these findings. Information for the committee's use was obtained on comprehensive questionnaires which were sent to the agencies reporting cases.

There were six recommendations: (1) that a closed institution be established under public auspices which would offer both long and short term in-patient care, diagnostic service plus appropriate follow-up, out-patient and cooperative rehabilitative service; (2) that a residential treatment center for boys and girls, Negro and white, be established under voluntary auspices, in addition to the Child Study Center; (3) that increased facilities for out-patient psychiatric clinic care be developed; (4) that increased resources for specialized foster home care be developed; (5) that an appropriate agency coordinate all existing services and stimulate the development of new and responsible services for disturbed children; and (6) that public and voluntary agencies be encouraged and supported in obtaining qualified and sufficient staff for dealing with troubled children.

¹Baltimore Council of Social Agencies, Division of Family and Child Care Agencies, "131 Emotionally Disturbed Children and Resources for Their Care", Dr. Paul V. Lemkau, Chairman, December 9, 1952.

IN-SERVICE TRAINING PROGRAMS FOR TEACHERS

IN CURRENT USE

In order to devise methods which will satisfy all five of the purposes of this study of a process to discover children with special needs, a survey of available data has been made, methods of reporting to administrative units and to the citizens of Montgomery County have been studied, and the literature telling of practices in other communities has been surveyed. Other aspects of the local situation related to the purposes of this study which must yet be described are the in-service training programs for teachers and the professional personnel now available to develop the "team approach". These will be discussed in the next sections.

Training programs for teachers include "major" and "minor" sequences. A Major program meets at least 15 times, approximately every other week during the year for $1\frac{1}{2}$ to 2 hours after school. Most of these are conducted by the supervisors and run very much like a university class in various areas of the curriculum. There is one orientation course for new teachers which is intended as an indoctrination in the philosophy and goals of the Montgomery County school system.

One of the major programs is known as "Child Study", which is a three-year program set up by the Institute for Child Study in the University of Maryland, utilizing consultant service at least twice a year, the major objective being the understanding of growth and development of children. Each teacher in a small group, led by a selected teacher-leader keeps an anecdotal record about one child in his class. Along with anecdotes which the teacher attempts to learn to write objectively, data from the child's permanent record, interviews with parents, teachers and other personnel who may know the child are included, as well as samples

of the child's own creative production, such as essays, paintings, etc.

Teachers learn to classify this body of information into a six-area framework based on the fundamental assumptions listed on page 11 under "The Minimal Range of Factors and Processes." Theoretically, this type of direct study of a child and analysis of data brings about understanding, insight and consequent changes in the attitudes and relationships of the teachers. John Greene in an unpublished thesis has demonstrated¹ that actual changes occur in practice, especially in the elementary grades, as a result of Child Study. A program for parents, based on the same assumptions and using the same consultant service from the Institute for Child Study, is also sponsored by the Board of Education of Montgomery County.

Another type of in-service-training activity for teachers is the "workshop". These last from two or three days to a week or more. Sometimes teachers are excused from their classrooms to attend, as in the Betts Reading program. Some are conducted during the first and last weeks of school when no regular classes are being held. Some are held during the summer, especially production workshops to revise curricula. These workshops are all planned by the supervisors. Teachers are selected and invited to participate, although they may ask to be invited.

PROFESSIONAL PERSONNEL SERVING CHILDREN

THROUGH THE BOARD OF EDUCATION

In keeping with the writer's purpose to foster the "team approach", it was first necessary to discover who might be available to work on such

¹John Greene, "Changes in Curriculum Practices of Teachers Who Participated in Child Study", Unpublished Ed.D. Thesis, University of Maryland, 1951.

a team. The writer's experience with this approach had been in Mental Hygiene Clinics which function in some ways like medical clinics and in other ways like social agencies. The "team approach" seems to be implemented in three ways:

First, through administrative policy, that is, routine clinical planning in regularly scheduled staff meetings. Communication is required through regularly scheduled conferences among participating members of the team. The administration holds the "team" as the ideal.

Second, through individualized, skillful supervision of professional personnel, so as to develop sufficient internal maturity to work responsibly on a team. This type of supervision was discussed more fully on page 12.

Third, through the vision and personal maturity which team-mates may already possess as they work together contributing different professional skills to help children.

What personnel were available, what was the present administrative policy in relation to team work, and what supervisory practices could be discovered, were basic questions to be answered. The writer turned first to the Administrative Handbook¹ and later to a revised Administrative Chart (See Appendix E) for a statement of who were available as consultants and how administrative policy and supervision were conducted. The chart mentioned above shows the lines of responsibility and also lists the functions of some consultants.

The Consultants most easily discovered were the School Psychologist,

¹"Administrational Handbook, Guide to the Administration of Schools in Montgomery County, Maryland", September, 1951, Bulletin No. 4.

the Director of Pupil Personnel and Visiting Teachers, and the Director of School Health and School Nurses. By careful searching other services were found, but little mention was made of the special educators or supervisors in charge of these services. The services are home teaching, lip reading and audiometer testing program, classes for slow learners and Cerebral Palsy School, group testing program, and guidance service. Each of these consultants or services will be discussed separately.

The School Psychologist: Directing of the psychological service is listed under joint responsibility of Assistant Superintendents (See Appendix E 4). These services are outlined as follows:

Accepting referrals from pupil personnel, school health, Juvenile Court or other educational personnel; preparing case histories from data obtained in conferences with child, from tests of intelligence and personality, and from conferences with parents and school personnel. Data from these sources provide a picture for diagnosing causes and suggesting solutions either orally or in written form to school personnel. He also maintains liaison relationship with community agencies as well as psychiatrists and psychologists in private practice. He works with faculties interpreting the mental hygiene approach to classroom problems.¹

Director of Pupil Personnel and Visiting Teachers: These workers are listed as responsible to the Assistant Superintendent in Charge of the Educational Program (See Appendix E 5) with the following functions:

- a. Working with children and parents through home visits for needed adjustment of children in school.
- b. Working with other agencies such as the Welfare, Social Service, Juvenile Court, Mental Hygiene Clinic, in providing help for children where needed.
- c. Checking illness of children in attempting to discover the causes for absence.
- d. Working with teachers in adjusting programs required to meet special needs of children.

¹"Administrational Handbook, Guide to the Administration of Schools in Montgomery County, Maryland", September, 1951, Bulletin No. 4.

e. Approving transfer to other schools where the welfare of the child makes it advisable.

f. Counseling with families and the schools on the solution of problems affecting children.

g. Referring as a last resort, to the Juvenile Court Service.

h. Performing other services required in this area.

There is no difference in function mentioned between the Director or Supervisor and the Visiting Teachers under him. No mention is made of keeping written records about the children they see in consultation, nor do they fill out any statistical reports concerning the way they use their time. At the time this study was made, neither the supervisor nor any of the visiting teachers had secretarial service. Each worker made his own decisions about what cases he accepted, what records he kept and how he spent his time. There was no administrative provision made for the clinical appraisal of work done, such as is strongly recommended by Gordon Hamilton¹ and Harleigh Trecker.²

Group Meetings: Pupil personnel workers and the school psychologist met together every two weeks to exchange information about cases and discuss mutual problems. They also met with the staff of the Juvenile Court on alternate weeks for the same purpose. However, no regular records were kept of the findings of these meetings and there was no administrative

¹Gordon Hamilton, Theory and Practice of Social Casework, Chapter 7, "Diagnostic and Evaluative Processes", Columbia University Press, New York, 1951. p. 213.

_____, Principles of Social Case Records, Chapter 1, "Recording and practice are interdependent and interrelated;" Chapter 5, "The Summary as a great device for organizing and analyzing facts;" and Chapter 7, "Understanding must include Appraising Social Values," Columbia University Press, New York, 1946. pp. 1, 56, & 87.

²Harleigh Trecker, Group Process in Administration, "Flow of Work", Woman's Press, New York, 1950. p. 185.

sponsorship of the "team approach" that the writer could discover.

School Health: This program is administered through the Health Department and is included off in one corner of the Administrative Chart (See Appendix E) showing some liaison with the Instructional service, but with no one administrative officer responsible for integration.

The functions of school health are listed in the Administrative Handbook.¹

Director of School Health:² His work consists of directing the nurses in the schools; directing health programs in the schools; teaching health, which involves conferences or meetings with parents, teachers, principals, and other community groups such as Cerebral Palsy Association, Mental Hygiene Society, etc.; coordinating health services in the schools; working with the curriculum director in formulating courses of study in health.

School Nurses:³ Functions of the nurses are listed as follows: Arranges teacher-nurse conferences; assists with periodic screening and medical examinations in schools; makes home visits when indicated; follows up conditions needing medical attention; interprets health services and policies to school staff; and assists in the general health programs of the schools.

Home Teaching: The writer was unable to locate this special educational service on the administrative chart or in the description of

¹"Administrational Handbook, Guide to the Administration of Schools in Montgomery County, Maryland", September, 1951, Bulletin No. 4.

²Ibid., p. 11.

³Ibid., pp. 110-23.

functions. This is a service provided to children whose physician certifies that they are unable to attend school for at least three months because of protracted illness. Certified teachers are employed by the hour to go into the home once or twice a week and give private tutoring.

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Classes for Slow Learners and Cerebral Palsy School: Another type of special educational service is the program of classes for slow learners. This program is under the Supervisor of Special Education, who is responsible to the Assistant Superintendent in charge of Program of Instruction. Along with this service is the Cerebral Palsy School, and the writer failed to find any indication of where this fits in administratively.

Director of Group Testing Program. This person is responsible to the Assistant Superintendent in Charge of the Educational Program, but is not of this date listed in the Administrative Handbook. The position has been added since the publication of the Handbook.

Guidance Service: Another service, which is not sponsored from the central office but is closely allied with the special needs of children, is the guidance service in the junior and senior high schools. The functions of the guidance counselor are not differentiated in the Administrative Handbook from other teachers, but the writer feels that the counselors cannot be ignored if any comprehensive picture of the special

services available to children through the Board of Education is to be complete. Not only do the counselors assist in the general educational and vocational program for all students, but they are also the first resource for special study and personal interviews. Many of them do simple psychological and personality tests.

Summary of Special Services: The foregoing outline of health, psychological and personal counseling services, and special education, is impressively rich for a school system of this size. However, duplications may be noted, even in the listing of the functions of personnel. For instance, the nurses and pupil personnel workers are both required to check on the health of pupils. The School Psychologist, school health services, and pupil personnel workers all are supposed to maintain liaison with community agencies. School nurses, pupil personnel workers, and the School psychologist all make home visits and do social histories. Administratively there is no coordination and planning of the "team approach" in relation to any one child. In theory, these personnel are expected to keep in touch with one another and to know what services any one child is receiving. In practice, the writer has found that there are many chances for overlapping and duplication of functions, as well as great lack of integration and continuing responsibility in relation to a given child.

Survey of Research on Administration of Special Consultants. The writer made a limited investigation of the literature in this field and discovered the following reports of previous research and recommendations:

Kind of Administrative Organization. Wiens, Schultz, and Heck gathered data in large school systems which showed the extent to which visiting-teacher service, psychological service, health service and psychiatric service had developed along with attendance service . . . Schultz, in his intensive study of large cities classified them "with respect to the administrative placement of the attendance department." He found four types of organization:

nurses working with families and children, school psychologists, school nurse-teachers, visiting teachers or school social workers, guidance counselors, and teachers in nursery schools, kindergarten, and early grades of the elementary schools.

It is recommended that theological seminaries provide courses in mental hygiene principles, concepts of mental health and disturbances of human behavior. It is recommended that the teacher, the school nurse-teachers, the visiting teachers, attendance staff, the guidance counselor, and other educational personnel receive advanced training in counseling and guidance, and in work with behavior disorders of children and adolescents.

Educational recommendations suggested that excessive truancy is the forerunner of more serious delinquency, as shown in almost every study of delinquent background. The educational problems of children committed to State institutions appear to be increasing rather than decreasing. The larger proportion of children who cannot read or whose reading level is so low that their entire educational development is affected was noted with special concern. More and more state institutions find it necessary to adapt standard curricula to specialized educational needs of children.

Studies are needed to determine scientifically what types of children need service, what services are needed, and how institutional programs can be developed to meet these needs. It was found that there was no place for the extremely disturbed child, the near psychotic child, the child returning from a mental hospital, the overt homosexual, and the epileptic. Educational programs need to be expanded to include remedial instruction for those who were educationally but not mentally retarded.

The committee recommended an administrative reorganization, transferring to a single unit of state government the authority to carry out all custodial treatment of youthful offenders, to conduct comprehensive studies of the sociologic, mental and physical components involved in the case of each offender before a judicial decision of any kind is made. These very broad functions should be managed by a director meeting high

standards of training, experience and competency.

The Baltimore study¹ was made at the request of the League of Women voters. It was concerned with the problems and needs of 131 children known during 1951 to seven social agencies in Baltimore City. Each of these children was described as being seriously emotionally disturbed and for whom there were no resources available in the community. The task of the committee was threefold: first, to form an opinion in regard to the child's problem and the resources for care which the child needed; second, to identify unmet needs in the community; and third, to make recommendations arising from these findings. Information for the committee's use was obtained on comprehensive questionnaires which were sent to the agencies reporting cases.

There were six recommendations: (1) that a closed institution be established under public auspices which would offer both long and short term in-patient care, diagnostic service plus appropriate follow-up, out-patient and cooperative rehabilitative service; (2) that a residential treatment center for boys and girls, Negro and white, be established under voluntary auspices, in addition to the Child Study Center; (3) that increased facilities for out-patient psychiatric clinic care be developed; (4) that increased resources for specialized foster home care be developed; (5) that an appropriate agency coordinate all existing services and stimulate the development of new and responsible services for disturbed children; and (6) that public and voluntary agencies be encouraged and supported in obtaining qualified and sufficient staff for dealing with troubled children.

¹Baltimore Council of Social Agencies, Division of Family and Child Care Agencies, "131 Emotionally Disturbed Children and Resources for Their Care", Dr. Paul V. Lemkau, Chairman, December 9, 1952.

IN-SERVICE TRAINING PROGRAMS FOR TEACHERS

IN CURRENT USE

In order to devise methods which will satisfy all five of the purposes of this study of a process to discover children with special needs, a survey of available data has been made, methods of reporting to administrative units and to the citizens of Montgomery County have been studied, and the literature telling of practices in other communities has been surveyed. Other aspects of the local situation related to the purposes of this study which must yet be described are the in-service training programs for teachers and the professional personnel now available to develop the "team approach". These will be discussed in the next sections.

Training programs for teachers include "major" and "minor" sequences. A Major program meets at least 15 times, approximately every other week during the year for $1\frac{1}{2}$ to 2 hours after school. Most of these are conducted by the supervisors and run very much like a university class in various areas of the curriculum. There is one orientation course for new teachers which is intended as an indoctrination in the philosophy and goals of the Montgomery County school system.

One of the major programs is known as "Child Study", which is a three-year program set up by the Institute for Child Study in the University of Maryland, utilizing consultant service at least twice a year, the major objective being the understanding of growth and development of children. Each teacher in a small group, led by a selected teacher-leader keeps an anecdotal record about one child in his class. Along with anecdotes which the teacher attempts to learn to write objectively, data from the child's permanent record, interviews with parents, teachers and other personnel who may know the child are included, as well as samples

of the child's own creative production, such as essays, paintings, etc.

Teachers learn to classify this body of information into a six-area framework based on the fundamental assumptions listed on page 11 under "The Minimal Range of Factors and Processes." Theoretically, this type of direct study of a child and analysis of data brings about understanding, insight and consequent changes in the attitudes and relationships of the teachers. John Greene in an unpublished thesis has demonstrated¹ that actual changes occur in practice, especially in the elementary grades, as a result of Child Study. A program for parents, based on the same assumptions and using the same consultant service from the Institute for Child Study, is also sponsored by the Board of Education of Montgomery County.

Another type of in-service-training activity for teachers is the "workshop". These last from two or three days to a week or more. Sometimes teachers are excused from their classrooms to attend, as in the Betts Reading program. Some are conducted during the first and last weeks of school when no regular classes are being held. Some are held during the summer, especially production workshops to revise curricula. These workshops are all planned by the supervisors. Teachers are selected and invited to participate, although they may ask to be invited.

PROFESSIONAL PERSONNEL SERVING CHILDREN THROUGH THE BOARD OF EDUCATION

In keeping with the writer's purpose to foster the "team approach", it was first necessary to discover who might be available to work on such

¹John Greene, "Changes in Curriculum Practices of Teachers Who Participated in Child Study", Unpublished Ed.D. Thesis, University of Maryland, 1951.

a team. The writer's experience with this approach had been in Mental Hygiene Clinics which function in some ways like medical clinics and in other ways like social agencies. The "team approach" seems to be implemented in three ways:

First, through administrative policy, that is, routine clinical planning in regularly scheduled staff meetings. Communication is required through regularly scheduled conferences among participating members of the team. The administration holds the "team" as the ideal.

Second, through individualized, skillful supervision of professional personnel, so as to develop sufficient internal maturity to work responsibly on a team. This type of supervision was discussed more fully on page 12.

Third, through the vision and personal maturity which team-mates may already possess as they work together contributing different professional skills to help children.

What personnel were available, what was the present administrative policy in relation to team work, and what supervisory practices could be discovered, were basic questions to be answered. The writer turned first to the *Administrational Handbook*¹ and later to a revised *Administrative Chart* (See Appendix E) for a statement of who were available as consultants and how administrative policy and supervision were conducted. The chart mentioned above shows the lines of responsibility and also lists the functions of some consultants.

The Consultants most easily discovered were the School Psychologist,

¹"Administrational Handbook, Guide to the Administration of Schools in Montgomery County, Maryland", September, 1951, Bulletin No. 4.

the Director of Pupil Personnel and Visiting Teachers, and the Director of School Health and School Nurses. By careful searching other services were found, but little mention was made of the special educators or supervisors in charge of these services. The services are home teaching, lip reading and audiometer testing program, classes for slow learners and Cerebral Palsy School, group testing program, and guidance service. Each of these consultants or services will be discussed separately.

The School Psychologist: Directing of the psychological service is listed under joint responsibility of Assistant Superintendents (See Appendix E 4). These services are outlined as follows:

Accepting referrals from pupil personnel, school health, Juvenile Court or other educational personnel; preparing case histories from data obtained in conferences with child, from tests of intelligence and personality, and from conferences with parents and school personnel. Data from these sources provide a picture for diagnosing causes and suggesting solutions either orally or in written form to school personnel. He also maintains liaison relationship with community agencies as well as psychiatrists and psychologists in private practice. He works with faculties interpreting the mental hygiene approach to classroom problems.¹

Director of Pupil Personnel and Visiting Teachers: These workers are listed as responsible to the Assistant Superintendent in Charge of the Educational Program (See Appendix E 5) with the following functions:

- a. Working with children and parents through home visits for needed adjustment of children in school.
- b. Working with other agencies such as the Welfare, Social Service, Juvenile Court, Mental Hygiene Clinic, in providing help for children where needed.
- c. Checking illness of children in attempting to discover the causes for absence.
- d. Working with teachers in adjusting programs required to meet special needs of children.

¹"Administrational Handbook, Guide to the Administration of Schools in Montgomery County, Maryland", September, 1951, Bulletin No. 4.

e. Approving transfer to other schools where the welfare of the child makes it advisable.

f. Counseling with families and the schools on the solution of problems affecting children.

g. Referring as a last resort, to the Juvenile Court Service.

h. Performing other services required in this area.

There is no difference in function mentioned between the Director or Supervisor and the Visiting Teachers under him. No mention is made of keeping written records about the children they see in consultation, nor do they fill out any statistical reports concerning the way they use their time. At the time this study was made, neither the supervisor nor any of the visiting teachers had secretarial service. Each worker made his own decisions about what cases he accepted, what records he kept and how he spent his time. There was no administrative provision made for the clinical appraisal of work done, such as is strongly recommended by Gordon Hamilton¹ and Harleigh Trecker.²

Group Meetings: Pupil personnel workers and the school psychologist met together every two weeks to exchange information about cases and discuss mutual problems. They also met with the staff of the Juvenile Court on alternate weeks for the same purpose. However, no regular records were kept of the findings of these meetings and there was no administrative

¹Gordon Hamilton, Theory and Practice of Social Casework, Chapter 7, "Diagnostic and Evaluative Processes", Columbia University Press, New York, 1951. p. 213.

_____, Principles of Social Case Records, Chapter 1, "Recording and practice are interdependent and interrelated;" Chapter 5, "The Summary as a great device for organizing and analyzing facts;" and Chapter 7, "Understanding must include Appraising Social Values," Columbia University Press, New York, 1946. pp. 1, 56, & 87.

²Harleigh Trecker, Group Process in Administration, "Flow of Work", Woman's Press, New York, 1950. p. 185.

sponsorship of the "team approach" that the writer could discover.

School Health: This program is administered through the Health Department and is included off in one corner of the Administrative Chart (See Appendix E) showing some liaison with the Instructional service, but with no one administrative officer responsible for integration.

The functions of school health are listed in the Administrative Handbook.¹

Director of School Health:² His work consists of directing the nurses in the schools; directing health programs in the schools; teaching health, which involves conferences or meetings with parents, teachers, principals, and other community groups such as Cerebral Palsy Association, Mental Hygiene Society, etc.; coordinating health services in the schools; working with the curriculum director in formulating courses of study in health.

School Nurses:³ Functions of the nurses are listed as follows: Arranges teacher-nurse conferences; assists with periodic screening and medical examinations in schools; makes home visits when indicated; follows up conditions needing medical attention; interprets health services and policies to school staff; and assists in the general health programs of the schools.

Home Teaching: The writer was unable to locate this special educational service on the administrative chart or in the description of

¹"Administrational Handbook, Guide to the Administration of Schools in Montgomery County, Maryland", September, 1951, Bulletin No. 4.

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Type I is an "integrated pupil-adjustment service in direct charge of an assistant superintendent."

Type II is an "integrated pupil adjustment service in charge of a director."

Type III -- the "department is not an integrated pupil-adjustment service but the director is responsible directly to the city superintendent".

Type IV -- the "directors of special services are responsible to one or more assistant superintendents.

With reference to Type IV, Schultz stated: "... Responsibility for helping the maladjusted child may tend to dis-integrate, since it is distributed among a number of separated services". He feared, "Since pupils' problems, in most cases are produced by a configuration of several causes ... that when several departments handle a case best results will not be secured ... since his (the maladjusted child's) difficulties may be seen and treated separately rather than as an integrated whole." He therefore tended to favor Type I or Type II, which he said integrated their services.

Heck noted definitely this change in emphasis; upon the basis of his study of the number of pupil personnel workers in cities of over 100,000 population he recommended the development of a department or division of pupil personnel service under the direct supervision of an assistant superintendent of schools.

Wiens in 1941 and Baldwin in 1946 made recommendations that followed the general pattern proposed in Heck's study. Wiens proposed an assistant superintendent in charge of pupil personnel service; he defined that service in his organization chart as made up of attendance service, health service, guidance service, psychological service and child-accounting service. These five pupil personnel services were each to be headed by a director; the five services were to include attendance officers, visiting teachers, physicians, dentists, consulting medical specialists, dental hygienists, vocational and educational counselors, placement and follow-up workers, deans of boys and girls, psychiatrists, psychologists and specialists, census enumerators, census clerks, employment-certificate clerks and clerks handling pupil records.

Baldwin recommends an almost identical organization; he makes directly responsible to an assistant superintendent in charge of personnel services the (a) director of the department of school census and attendance, (b) director of the department of mental hygiene, (c) director of the department of school health and hygiene, (d) director of the department

of pupil accounting, and (e) director of the educational and vocational placement bureau.¹

DESCRIPTION OF METHODS USED IN THIS STUDY

From this survey of data available; careful study of the present methods of recording and reporting this data; survey of the literature on methods used in other communities; in-service training of teachers and the personnel available to work on the project; the writer devised the following methods:

1. Meetings were held with the faculties of the sample schools, the purposes of the study were explained, and teachers were informed of the type of participation it was hoped they would give.

2. Group meetings were conducted with teachers and special personnel who were willing to participate, in which the name of each child in a grade or section was discussed. Factual data recorded in school and health records and/or known to the personnel present at the screening session was organized into a clinical synthesis of the needs of the child and recommendations for the follow-up process were made.

3. To show the actual process that went on in the screening sessions, the writer attempted to recall from notes the discussion of a few sample cases and to show how various personnel participated.

4. Evaluative questionnaires were used which could be returned anonymously and voluntarily at the end of the screening sessions.

5. Individual interviews were made by the writer with professional people inside and outside of education in order to enlist their support and cooperation on the study and to evaluate the process after it was completed.

¹Encyclopedia of Educational Research, The MacMillan Co., New York, 1950. pp. 920-22.

CHAPTER IV

THE PILOT STUDY

DESCRIPTION OF THE PROCESS

As mentioned on page 31, the present pilot study is an outgrowth of a larger study undertaken all over the state of Maryland and sponsored by the State Superintendent of Schools.

The writer took the questionnaire which was sent from the State Office of Education and amplified it considerably until it developed into the outline shown in Appendix F 1. The questionnaire did not include attendance problems or learning difficulties, information about diagnosis or suspected symptoms on any of the problems mentioned. Number XVIII, Other Disfigurements; XIV, Previous Efforts the School has Made to Help; XX, Follow-up Needed; and XXI, Other Resources Needed, were also added by the writer. In the writer's view, these were important aspects which the school should take into consideration in studying special needs of any child.

The next problem was to explore the possibilities for accurate reporting of diagnosed difficulties. The writer interviewed the Assistant Health Officer who was most cooperative in offering statistics from clinics and other information from files but was somewhat discouraging about any statistical breakdown of diagnosis. Individual records contained the diagnosis, but it was not reported statistically.

The writer also interviewed the president of the Medical Society to ask for a sample reaction about the way doctors would feel if they were asked for statistical information about diagnosed cases. He said frankly that any type of questionnaire would land in the doctor's waste basket, and the patient had a right to keep his medical records confidential unless

he felt sufficiently benefitted by a procedure to request his doctor to release information for statistical purposes. The doctor felt that the only possibility for anything significant in the way of statistics on medical diagnoses would be a spot check, and suggested two or three schools, with personal interviews as follow-up.

Selection of the Sample. The writer decided to attempt such a study in the school where her office was located and in the neighboring elementary school. This school was selected mainly because of its accessibility to the writer. The decision, however, was not a little influenced by the willingness of the administration of the two schools to cooperate. After clearing the project with the superintendent of schools and the Supervisor of Pupil Personnel, the writer then presented it in some detail to the two principals, who were glad to open their schools to the study. These schools were patronized by both rural and urban population and enrolled 1,164 pupils.

After securing the sanction of the administrations of the schools and also the Director of School Health, who was most enthusiastic, the writer went to the nurses assigned to the two schools and presented the idea to them. They said they would be delighted to work on the project, although it would perhaps take more time than they would normally give to the schools involved, but they were sufficiently interested to experiment with the modified teacher-nurse conference, which the writer was proposing.

The writer also talked this over with the Director of School Nurses, a Health Educator who was available to the schools, the School Psychologist, as well as the General Educational Supervisors of the high school and elementary school. The educational personnel were permissive in their reaction and the health personnel actively supportive. The special consultants who were willing to participate regularly were the school nurses

and the counselor.

The next step was to present the plan to the two faculties in a general faculty meeting and secure their cooperation, if possible. At these meetings the writer gave a short outline of the plan, called on the Director of School Health, the school nurses involved, and the Health Educator, who had assented to assist with these meetings, for further background information.

There was some discussion of maintaining adequate confidentiality at these general meetings. However, it was touched on comparatively lightly. It was mentioned at some of the screening sessions as well, but there was no consistent plan for bringing this particular concern up routinely at every screening session.

At the end of the formal presentation and discussion by other personnel, the writer handed out mimeographed sheets which gave a summary of the project (See Appendix F 2) and the classifications of the types of problems which the writer was looking for. (See Appendix F 1) It was suggested that each teacher keep a copy of the blank, "Teacher's Observation of Pupil's Health" (See Appendix A 4) on his desk starting the day after the meeting and check the symptoms he observed in various students he met from day to day in his classroom.

Time was allowed for teachers to ask questions at these general meetings, but since they were held after school, the discussion was relatively short.

After at least a week had elapsed, the actual screening sessions started in both schools. In the elementary school the nurse, teacher and the writer got together and took up each child in the class, going over any symptoms the teacher had noticed, checking the records of achievement

and health to make sure the teacher got all the information about background that was available from the records. Each member of this team contributed other information, such as home background, special circumstances and anecdotes, which were then synthesized into some sort of clinical picture of the needs of the child. These needs were then checked by the writer beside the child's name on the long yellow sheet (See Appendix F 3) The symbols at the top of the columns on these sheets are the same as the symbols in the outline of problems to be discovered. (See Appendix F 1)

At the end of the screening session, each teacher was requested to fill out an evaluation blank (See Appendix F 4) which could be turned in to the school secretary or to the writer, as the teacher chose. This procedure was an attempt to make it possible for the teachers to give frank, anonymous opinions without fear that the writer would know who gave uncomplimentary evaluations.

EXAMPLES FROM SCREENING SESSIONS

1. Second Grade Boy Approximately Eight Years Old -- Allen Dale.¹

Teacher: He is one of my problem pupils. I can handle him fairly well in the classroom in routine situations, but recently I took him on a field trip and I don't know whether I want to try that again or not.

Writer: It would not be surprising if this youngster gave you trouble in the classroom. His mother came to see me several months ago and gave me a long family history. She feels that the father is the source of all the difficulty in the home, that she has been sitting on a potential volcano for the past twenty years. At one time she and her husband were separated, then she

¹This record of the screening process was written from memory after the session, but recorded as if it were verbatim. Names used are fictitious.

went back to him, and they had a family. For a long time she stayed at home, feeling that it was her duty to take care of the children regardless of the financial situation she had to face. There were times when she felt her financial resources were so limited that she went to the Social Service League for some supplementation. However, she mentioned that her husband was keeping a separate apartment in town and coming home only on weekends, and she felt that he was not contributing as much to the support of the family as might have been expected. It has been rumored that he was keeping a mistress.

Finally, about four years ago the mother decided that she couldn't stand the economic dependence any longer and decided to apply for some domestic work at a nearby institution. When she talked to the employment person, it was suggested that she take a more responsible position where she would have to deal with people of some skill. She was highly flattered at this offer and has been working in this position ever since. The income gave her some feeling of independence and working outside of the home, she felt, had saved her sanity. She was still having serious conflicts about being needed in two places at once -- at home looking after the children versus earning the living, but she felt that her personal psychological adjustment was maintained at maximum potential only when she was working. At the time of the interview, her husband was commuting home every day, but some days in the week the children were left unsupervised for several hours between the time she left for work and the time he came home in the evening.

Nurse: This boy had an injury to his face and has had to wear a bandage for a few weeks. The mother took him to the doctor when he had to have the stitches removed, but he went into such a panic at the sight of the instruments and examining room that the mother had to take him away without having the doctor work on him. Later she took the stitches out at home, without the glittering utensils around to frighten him.

Teacher: This little boy has made friends with the other little boy that is my biggest problem in class. I think I can handle either one of them by himself, but one seems to stir the other up when they are out together. However, Allen so thoroughly enjoyed the trip and seemed to enter into the learning experience when we went to the museum that I would hesitate to make him stay home if we went on another trip. I feel that this boy has great untapped potentialities and could be an excellent student if we could help him work through some of his emotional disturbances.

Writer: I explored the possibility of going to the Mental Hygiene Clinic with the mother. She had considerable prejudice against psychotherapy. However, she had a warm spot in her heart for Social Service League and might be persuaded to go there for family counseling. Perhaps our first step is to

have the School Psychologist do some sort of a diagnostic evaluation.

Nurse: We have been working with this family for years and would certainly like to see them get more help than we have been able to give.

Teacher: This boy is not failing. He is doing passing work in school and he is not a serious problem to me in the classroom, but I am worried because I think he is capable of achieving so much more than he is at present. He has not had any tests except Reading Readiness in the first grade, but I notice that he scored high on that.

The writer checked the following points on the long yellow sheets:

IIA, Emotional Problems Suspected; IIIA, Learning Problems Observed by Teacher, and Follow-up for both Pupil personnel and teacher.

(This was one case that was followed up extensively with the help of a number of community resources.)

2. Third Grade Girl, Nine Years Old, Susan Mead.

Writer: How is this girl getting along? The principal called me in the second week of school because she was crying for hours and they couldn't seem to find out the reason. You weren't her teacher then. I think she was in another room at that time. How is she getting along now? I didn't have time to work with her the day the principal spoke to me, although I looked in the classroom for a minute and she seemed to be all right temporarily. I called back a few days later and they said she had stopped crying, so I didn't do any more about it.

Nurse: She got a terrible earache and I had to have her in the Health Room and put medicine on it during the second week of school. She called her mother and her mother took her to the doctor but he didn't find anything wrong.

Writer: How is her attendance record?

Teacher: She has been absent a lot. She always comes with an excuse that she has been ill.

Writer: Is there any explanation on her medical record for this?

Nurse: Physical findings are negative except that her mother reports many colds.

Writer: I wonder what that means. Could it be a psychological and physiological way of getting out of coming to school?

Teacher: She is very sweet and cooperative when she is here, but she has been absent so much that I am really worried about her.

Writer: I wonder if anybody really found out why she was crying so hard the first part of the year. The report I got was that there was spontaneous recovery. Nobody knew the cause and nobody knew what cured it.

Nurse: We have a lead on her physical problems. Maybe I could talk to the mother a little more in a home visit and we might get hold of something else.

Teacher: She certainly is no trouble in the classroom and is learning enough at least to pass.

Writer: I think it would be awfully good if the nurse could express some concern about the many absences because of illness in a home visit to the mother, but this is one of those cases where it is hard to decide just how much time to give.

The writer checked the following on the tabulated sheet: IIA, emotional problem suspected; IIC, mild emotional problem; and follow-up for the nurse.

3. Fourth Grade Boy, Nine Years Old, Igor Portsky.

Teacher: This boy seems to be irritating me more than any other child in the class. He just can't do anything the other children do. If I tell the other children to sit, he stands up until I point him out personally and tell him to sit down. If I tell the other children to get out their reading books, he stays at the blackboard until I point him out personally and tell him to go to his seat. He tries to buy favor with the other children by bringing the most expensive supplies to the class and refuses to use them himself as the class planned. He always has to do something different than everybody else.

Nurse: His health findings are negative.

Writer: What do you think makes him behave this way?

Teacher: He seems emotionally disturbed and I think his mother picks on him too much. She used to talk to the teacher last year a lot and she was half crazy with worry over his rejection by the other children. She thinks because the

family is of foreign extraction that her son doesn't have much chance to be accepted and liked by the other children. She told me that two or three years ago children took him out in the woods and stoned him just because he was a foreigner.

Writer: How have you tried to deal with him in class? Do you think he is bright?

Teacher: I think he is bright but the principal doesn't. I have tried to get him to tell about the customs in his country to his classmates, tried to give him some place where he could be the center of attention, but it doesn't seem to do any good at all. The more attention I give him, the more attention he demands by finding ways to irritate me.

Writer: As you remember, when you referred him to me in October I made a home visit. I had a long talk with the mother and found that she was intelligent and well educated but needed a great deal of time to talk about her feelings in relation to the boy and her fears about his social acceptance in the community. She feels that he is very bright and I noticed that his little sister, who is only three or four, was doing puzzles and playing with educational toys on a seven or eight year old level.

While I was there, the father came in and he seemed to talk with sympathy for the boy, said he planned to get him a workshop and help him learn some hobbies, as he felt that was the solution to the whole problem. The father said he had the same problem when he went to school -- of being bored and jittery. He said he had a photographic memory and that he could look at a page and know what was on it, and he was bored to death with all the study guides and routine drill assignments which teachers were forever demanding. Finally he worked out his own adjustment by getting a whole set of hobbies and working very long hours at his business. He felt that was the only way that a very bright person could get along in our culture. He said that when he got to high school the teachers used to let him correct all the papers instead of doing the exercises, but elementary school was a nightmare, as he remembers.

Teacher: Well, I have lived around here a long time and I don't remember him as being so bright when I went to school. He was just peculiar. I think it is all the parents' fault. If they didn't pick on him so much and expect so much of him, he would be all right, but he brings all that tension to school from home.

Writer: When I visited the mother, I talked to her about going to the Mental Hygiene Clinic and gave her the number to call. I have heard that she did call and ask for an appointment and is now on the waiting list. I think she has some insight into her own tension and anxiety and would like to get some help with them.

I think you are probably right that the boy does catch some of his tension from the mother, because it was my impression that she is a very tense person -- tense in her need to be a perfect mother, and is defeated all too often. My guess is that this boy is also very bright and gets pretty bored with routine exercises.

Teacher: Well, what am I to do? He just has no study habits. He has got to learn to do what the other children do. In the meantime he is driving me 'crazy and if you don't get him some help you will need to get some help for me.

Writer: Let's put him on the list for the psychologist to study. Maybe she will get to him before the mother gets to the Mental Hygiene Clinic, and with a little more detailed testing and analysis of his potentialities it may be possible to find ways to make him bearable in the classroom.

Teacher: Can't they put him in a private school? I just don't think he is the kind of boy that ought to go to a public school.

Writer: I asked the mother about this possibility when I talked to her, but she said they had recently gone heavily into debt to build a house and simply couldn't take on any extra expense at the moment.

Teacher: He is the only one from his country in this whole town and I have even tried to make the other children appreciate his culture. He is just so different and feels so different that I don't have any hope. I just don't know what I am going to do with him. It is a question of his demanding something from me every five minutes all day long and what am I going to do the next fifteen minutes with him.

Writer: His mother says he is very fond of you.

Teacher: He is entirely too fond of me. He is after me every five seconds.

Writer: I know. I observed him in the classroom once or twice and I could see how being with it all day long could get to be quite a burden, but when he came up today and talked to me, there seemed to be something warm and appealing about him -- like a little puppy looking for love.

It seems to me your ideas of letting him be outstanding in as many ways as he can, find ways that he can get the attention he so desperately needs without irritating people for it, and if possible relaxing some of the drill and routine in his class work -- will probably help him as much as anything we can plan right now.

Teacher: But he never finishes anything. He does one sentence in a workbook and then he is off daydreaming or pestering me.

Writer: I know it is hard, but maybe we can get you some help before the year is out.

The writer checked the following points: IIA, Emotionally disturbed; IIIA, Learning Problems. (Note: This child was used as a demonstration case in which the psychologist collaborated with the Mental Hygiene Clinic and verified the writer's diagnostic thinking that he was an extremely bright child bored with routine work and disturbed in his family relationships as well.)

High School Screening Process. The high school screening procedure was considerably different from the elementary. It was possible to schedule the screening session for the seventh and ninth grades on a day when the children were not in school between semesters. Each section was taken up separately and boys and girls in each section were screened separately. It was done this way in order to accommodate faculty members who taught only girls or boys, such as physical education and shop teachers, and to avoid having teachers sitting by who did not know the student under discussion.

Since there were two screening sessions going on at the same time, it was necessary to have the home room teachers check the tabulated charts for the children in their home rooms, as the writer circulated back and forth between the two screening sessions. The counselor who was employed at the beginning of the second semester had not yet arrived for this first screening process. The school nurse sat with the seventh grade and the supervisor of school nurses sat with the ninth. The nurse held the medical records and the home room teacher kept the permanent record cards. The

cumulative record folders were available when questions were raised.

As each child's name was called, teachers were encouraged to make comments about their observations of the child's educational, emotional and health adjustment. When such symptoms as "He looks pale" or "He seems listless" were mentioned by a teacher, a check of the medical record was called for to see whether or not any diagnostic findings had been recorded which might explain these symptoms. If not, some form of further follow-up was indicated on the charts.

Different teachers presented their evaluation of the child's learning progress, emotional adjustment, and checked their opinions against whatever objective tests and other data were available in the files. With some children there were marked differences of opinion, both about adjustment and learning, while with others there seemed to be complete consensus of the whole faculty. In all cases, if there was any problem which the teachers or other personnel were concerned about or felt should be investigated further, the person responsible for carrying out these recommendations was designated on the charts.

Example of a High School Screening Session: Eighth Grade boy, 14 years old, John Block.

Professional personnel present: Home Room Teacher who taught "Core," Shop Teacher, Physical Education Teacher, Science Teacher, Art Teacher, School Nurse, Counselor, Music Teacher and the writer.

Home Room Teacher: He is one of my problems.

Art Teacher: I think he has been doing better lately.

Science Teacher: Not in my class. He keeps running out to the counselor every five minutes.

Counselor: He has a regular time for appointments and if he gets out oftener than that, check up on him. He is not

supposed to be coming to me except at certain appointed times.

Science Teacher: I may have to fail him this year because he just isn't consistent about his work.

Nurse: This boy has a heart murmur and we are trying to get him into the Cardiac Clinic to check on it. Maybe his energy isn't always the same and that may be part of the reason he doesn't always pay attention in class.

Writer: It has been nip and tuck with this boy trying to keep out of trouble. The principal sent him to me after he was suspended for the second time and the boy told me he thought it was pretty hopeless that he would ever get through high school, because here it was only the eighth grade with two suspensions against him, and if he had a third one it meant expulsion.

Science Teacher: What could you expect from that family? The whole family is just an eyesore to the neighborhood and what is going on with that younger sister anyway. Last year she was living with that older man downtown and he was giving her money. The family claimed that he was some kind of sponsor or benefactor.

Writer: I had a long talk with the mother and father both, several months ago, and they feel very badly about what they call the community rejection of the whole family.

Science Teacher: Well, they do everything to get themselves disliked. First thing the woman did when she arrived in the community was to have a street brawl with one of the neighbors. Somebody kicked the panel out of the front door about two years ago and they still haven't fixed it. The mother goes away for hours at a time and leaves the little pre-school children there alone. I think they were taken to court last year about neglecting their children.

Writer: Yes, the mother mentioned that they had been haled into court for neglect, but she said that the charges were dropped for lack of evidence and suggested that I check with the court and see if this wasn't so. I checked with the Social Service Department of Juvenile Court because I thought they might be able to help me to understand John better, and incidentally, the court made a very thorough check about what was going on with the younger sister and found there was nothing to be censored in the relationship with this older man to the daughter. He had proved to be a real friend of the family and helped them out a number of times when they were frantic with worry and debts and didn't know which way to turn.

So far as evidence about neglect of the children is concerned, the court investigation showed that the family had different ideas about child-raising than some of the neighbors, but in no way could these differences be interpreted as neglect or mistreatment of the children. The court workers I talked to suggested that the community needed a change of heart rather than that the family needed to be punished.

(Science Teacher opened her mouth to say something, frowned in a disconcerted way, took a deep breath and kept quiet.)

Writer: What do the rest of you teachers think about the boy's progress in school?

Art Teacher: He is interested in my class. He has real talent. If he just weren't quite so jittery and nervous and could stick to things better, I think he might even make a commercial artist.

Writer: He is carrying a pretty heavy emotional load right now, and needs terribly every bit of approval and acceptance that he is finding in your class.

Music Teacher: He likes music too. He keeps telling me he is going to have an instrument to play, but I haven't seen it yet.

Writer: He is buying one on a lay-away plan and has to earn the money each weekend before he can make a payment. When the family is too deeply in debt they take the money for the payments on his music instrument to pay for the dry-cleaning or some other necessity. This hurts him very much because he has his heart set on owning this instrument.

Is there any chance of organizing a hill-billy band? I think we have the nucleus of the group with this boy and two or three of the others. Maybe a couple of guitars, an accordion, and a violin.

Music Teacher: I have every period full and my activity period is completely taken up with the Glee Clubs and orchestra. I don't know whether there are any other teachers who could sponsor it or not.

Writer: Does anybody have any suggestions?

Chorus: Everybody is carrying all they possibly can in the way of activities and after-school work, and it is just not possible.

Counselor: What are the main complaints about this boy?

Home Room Teacher: When I gave groups intelligence tests

he and his brother found out how to cheat by looking at the answers on the back of the paper, so I don't think his test scores are valid at all. He shows an IQ of 120 but in "core" he acts as if he had about an 80.

Counselor: I will give him another individual test and recheck that IQ. However, from my observation of him I don't think the main problem is low intelligence.

Shop Teacher: Oh, he is a "psycho". Let's get on with the next case. Nothing much we can do for him anyway.

Counselor: What do you mean -- "psycho"? Do you mean he is crazy?

Shop Teacher: Well, there are a lot of these boys that have just made up their minds and are not going to cooperate and conform to any expectations, and you might just as well drop them out of school first as last.

Writer: Do you have him in any of your classes now?

Shop Teacher: No, I had a run-in last year and I guess he arranged not to take any classes from me this year.

Writer: He is not taking physical ed either, is he?

Nurse: We have been trying to get John to get glasses for the past six months, as he has already had his test and prescription, but I think he really doesn't want to wear glasses because he manages to work out some excuse, some accident or mistake which keeps him from getting to the right place at the right time to get the prescription filled. We have arranged for him to have them free, but nothing seems to work.

Counselor: That could have something to do with the way he gets along in classes. That might account for some of his restlessness and some of his poor study habits.

Writer: What can we say are the main problems which need to be worked on with this boy? What kind of summary can we make and who should follow up to see that he gets the kind of help he needs?

Science Teacher: I think his family needs reforming.

Nurse: He needs medical care for his heart and for his eyes.

Counselor: He needs to learn to like himself better, to develop more self-confidence.

Art Teacher: He needs to calm down and get over the jitters so he can carry through on a project.

Writer: I have been attempting to get the family to go to the Social Service League for family counseling, which might help somewhat with the family situation. The nurse can keep on working on the health problems and maybe if some of the teachers encouraged John a little bit more he will be able to carry his good intentions for getting the medical care he needs. Certainly the counselor should continue to work with him and maybe we can get a consultation with the Mental Hygiene Clinic to see what can be done about his nervousness and his feelings of discouragement and hopelessness about himself.

We will check the following: Emotional Problems, Learning Problems, Cardiac, Sight Loss suspected and Follow-up for counselor and nurse, with a possible referral to the School Psychologist or Mental Hygiene Clinic.

The writer also agreed to continue working with the family at least for the present, until some kind of family counseling could be initiated.

(Note: This boy was followed up with psychological study by the school psychologist and further family counseling both from the psychologist and the writer. Since the waiting list precluded any hopes of getting John into the Mental Hygiene Clinic for treatment in less than a year or two, the writer arranged for the counselor to discuss the case with the psychiatrist. Out of this clinical evaluation, using the case record, the psychologist's findings and the diagnostic thinking of the writer and the counselor as a basis for the discussion, a plan for regular counseling interviews with the counselor was worked out in lieu of psychotherapy. The writer resigned at the end of the school year, but checked back in the middle of the second semester of the next year and discovered that the boy's relationships both in and out of the classroom had improved and to date he had avoided further disciplinary complications. He was checked at the Cardiac Clinic and the findings were negative, but he hasn't as yet gotten glasses.)

2. Ninth Grade Boy, 15 years old, Joe Green. The screening session was composed of Home Room Teacher who taught "core," Shop Teacher, Physical Education Teacher, Science Teacher, Art Teacher, Music Teacher, School Nurse, Counselor, and the Writer.

Writer: How is Joe getting along, anyway? He was referred to me earlier in the year because he was out of school and refused to comply with administrative requirements for being reinstated.

Home Room Teacher: He is dull, but he is getting along reasonably well.

Writer: What are his test scores?

Home Room Teacher: He has an IQ of 90 and achievement on the low seventh grade level. I am giving him fifth grade work in a lot of things, but he has an awful touchy temper. It would be quite easy for him to fly off the handle and really hurt somebody sometime.

Writer: When I was ironing out the difficulties to get him back into school at the beginning of the year, his mother recognized that he has to be handled with gloves, commented that he is just like his father, but was also a very good boy, religious. His main recreation is church and youth activities connected with the church. She also said he is a good worker and liked by his employer and would rather work than go to school. However, she has persuaded him to stay in school at least until he reaches 16 when he can make a choice without special legal arrangements.

Nurse: His health record is almost blank. We assume that his parents have been looking after his health.

Shop Teacher: He is healthy enough. With a temper like his I would be scared he would knock me down.

Physical Education Teacher: That must be some temper to knock you down.

(The shop teacher was a very well developed physical specimen.)

Shop Teacher: He is not much interested in school.

Writer: I think if he were interested in anything, shop would be his strong point, with his working in a grocery store after school and on weekends. It is my impression that he enjoys working with his hands more than working with his head.

Shop Teacher: That is just the trouble. He doesn't use his head at all. He gets irritated at the least little thing and fools around with the other fellows and keeps them from working. If I just ignore him, everything is all right, but if I try to see that he gets something out of class, he immediately gets sullen and irritated.

Counselor: Have you found anything he is interested in?

Shop Teacher: Not a thing. Fifteen minutes, maybe, but if he runs into anything hard, he quits.

Writer: Do you think he will pass?

Shop Teacher: Oh, we will pass him on attendance, I guess.

Writer (looking around the room): Will this boy pass this year, finish ninth grade and be able to graduate from Junior High?

Teachers: He will pass, but on attendance rather than performance.

Writer: It seems to me that here is a boy we have failed to reach, to find any educational interest. He will probably drop out as soon as he is 16 and have to learn vocational and personality adjustment the hard way, rather than in the more or less protective, supportive atmosphere of school. Is there anything further we can do before the end of the year?

Counselor: I might try to get hold of him and talk his plans over with him.

Writer: Good. Maybe you can give him some vocational tests and help him with life's plans a little bit, anyway.

(Note: Joe continued the precarious adjustment until a week or two before school was out, when he lost his temper and swore at one of his teachers, threatened to hit him, and when called to the principal's office, repeated the same behavior, for which he was suspended again. The writer made another home visit and by sheer luck and tact managed to get the boy to offer to go back and apologize for his behavior and get himself reinstated, in order to finish out the year. His teachers reported after this episode that he seemed to have had a more basic change of attitude than at any time during the past year. However, it was the feeling of the

writer that this boy dropped out of school without having had his needs met.)

3. Ninth Grade Girl, 15 years old, Betty Jo. Present at the screening session were Physical Education Teacher, Core Teacher, Mathematics Teacher, Nurse and the Writer.

Writer: How is Betty Jo getting along?

Physical Education Teacher: I think she is doing better all the time, and the more she is let alone the better off she is.

Writer: Is she still having crying spells?

Physical Education Teacher: Oh, yes, she goes into a tail-spin every once in a while and her girl friend has to take her out of class, but she soon gets over it and comes back, or maybe she has to go home and come back the next day. But she is much better than she was at the beginning of the year.

Writer: How do the rest of you teachers find her?

"Core" Teacher: She is doing acceptable school work in my class and although she has to be handled with gloves, I think that she has improved since the beginning of the year too.

Writer: Is there any teacher who feels that she is not greatly improved?

Chorus: No.

Writer: Do you think she is liked by the other girls?

Math Teacher: The boys seem to like her well enough.

Writer: All the boys, or which ones?

Math Teacher: She seems very popular.

Writer: Is there any one boy that seems more or less permanent?

Math Teacher: No, there seem to be about three.

Writer: What kind of reputations do they have?

Math Teacher: Well, one or two she went with at the

beginning of the year weren't so good, but the boys she is going with now are nice chaps from nice families.

Writer: Do you think the girls are jealous of her and her popularity?

Physical Education Teacher: I think they may be a little jealous of her. They like her pretty well in spite of it and she has one girl friend especially who has stuck by her the whole year, and she is one of the nicest girls in the whole school and one of the most highly respected.

Writer: I have been very worried about this girl all year long and have been debating in my mind what I ought to do. She came to this school with a history of a great deal of emotional disturbance and serious behavior problems. I am certainly glad to know that she seems to be making a reasonably good adjustment at present. Maybe my choice to do nothing in the situation was the wisest after all.

(This is a case in which the writer withheld a great deal of information about a girl, primarily because she didn't trust the teachers sufficiently to tell them, but also with the idea that perhaps the girl should have a chance to be accepted on her merits in the present rather than being judged too much by her past.

(This girl was referred to the writer by the principal at the beginning of the year because she came to his office and complained that her mother had beaten her up. The writer saw the girl for about an hour, and attempted to discover the bruises and signs of beating which she claimed were evident, but failed to see anything serious. The girl felt she was disliked by the other girls and that they gossiped about her and the boy she had been dating just because he had a "reputation." She was sure that the other girls thought she was immoral and she felt a social outcast.

(She told the writer that her younger sister was completely acceptable to her parents, teachers and other significant adults in her life, but that she could never live up to their expectations about her. The quarrel

with her mother had been in relation to keeping a secret from her sister which her mother insisted that she should tell.

(The girl said that her parents had moved to the neighborhood that year because she had made a dismal failure of her last year in another school in the county. The pupil personnel worker in that school had given her a great deal of time and had attempted to talk things over with her mother, but the mother had become angry and had refused to see the visiting teacher and had given strict orders to her daughter not to see the pupil personnel worker any more. The writer found out later from the visiting teacher in the other school that the girl was very clever at taking a statement out of context from an interview and using it to reinforce her defiance. The visiting teacher thought that that caused the mother's final rejection of the service.

(The writer felt that the girl was looking for a protector to enter the home and take up the cudgel against her mother, but refused to assume this role. At the end of the meeting the door was left open for the girl to come back if she wanted to.

(Upon checking previous records, the writer found that the girl had a history of shoplifting, of receiving expensive clothes as gifts from boys, and a continuing pattern of disturbed behavior in classes and in other school activities. The former school had told the parents that their daughter would either have to have psychiatric help or be expelled. The mother found a private "psychiatrist" who recommended immediate withdrawal and a visit to relatives.

(The girl never returned for another visit, although the writer observed her several times in the Health Room crying bitterly. It was the writer's superficial, diagnostic impression that the girl probably needed

a special school combined with psychiatric treatment if any basic and continuing help were to be given. The parents were financially unable to pay for this type of school. None were available on a scholarship basis. If such a resource had been available, the writer might have attempted the many hours of intensive counseling and interpretation which would probably have been necessary in order to get the parents to accept such a plan.

(The writer still wonders how much disservice she did to the girl by not pursuing the situation further; however, a few more intermittent, stop-gap measures might have even been seriously harmful. At any rate, the writer would have felt much more comfortable with her own decision if it had been possible to discuss it in a staff meeting with the former visiting teacher and other consultants present, to add to the clinical objectivity of the decision. Such group decisions facilitate in setting limits on time spent with individual cases and help immeasurably with feelings of guilt which individual workers might suffer when acting without the support of the group.

(While withholding all this material at this screening session, the writer really was making a solitary decision and taking a great deal of responsibility for the future welfare of this girl, and in this instance, was not using the team to arrive at any clinical or diagnostic picture. The chart was checked under Emotionally Disturbed, and it was noted that she was greatly improved under Follow-up.)

Illustration of a screening session which went very fast without much comment about any one name. Present were Section 12-3 Home Room Teacher, English Teacher, Art Teacher, Music Teacher, Physical Education Teacher, Science Teacher, Guidance Counselor, School Nurse and Writer.

The Home Room Teacher was calling the names of the girls (which are

disguised in this report).

Home Room Teacher: Eleanor Bancroft. Okay, anybody any comments? (Silence followed) No checks, then. Geraldine Fellers. In my classes she's getting along all right. She usually comes to see me once a day -- at home in the evening or at some other time. I think she's doing pretty well. After all the hard time she's had in the years in the past, there's a great improvement in this girl.

Writer: Any other teachers feel that something should be checked for this girl? (Nothing was answered)

Home Room Teacher: Freda Henshaw. Okay. Dorothy Mensch. Okay. Betty Mulley. Okay. Geraldine Alfrenda. Okay. Evelyn Oaks. Nothing wrong with her. Sheila Saltenstein. All right. Freda Stebbins. I think this girl ought to be checked for mild emotional disturbances. She sits in class and tears come in her eyes without any provocation.

Writer: Has anyone else noticed any reasons for checking emotional disturbance?

Physical Education Teacher: She has trouble with sportsmanship. Sometimes she gets very angry, but I think it's mild, nothing more than you see in many girls.

Writer: All right, let's check her for mild emotional disturbances. Does anyone want further follow-up?

Home Room Teacher: Well, there's hardly time before school's out. Ella May Wheeler. Okay. Geraldine Williamson. Okay. I have a very nice class of girls. Most of them give me no trouble and I think they're going to get along very well in the world.

Since it was the goal to cover about 30 names an hour, it was found that some things were too difficult to put on the charts, especially since a new person had to learn to do the checking with each change of home room. Therefore, "What the school has done to help" was omitted (Number XIX) and some of the finer classifications, such as those under Speech Disorders -- "Articulation," "Phonation," "Rhythm," "Symbolization" -- were not attempted.

The nurse in both cases recorded the results of the screening session on the health record and also kept an anecdotal summary for

her own follow-up procedures. When the counselor came for later sessions, he recorded anecdotes as part of case-finding techniques for his own use. The writer did not attempt to keep anecdotal material on cases referred to her, as she was preoccupied with the coordination and supervision of the whole project.

At the end of each session all the teachers were requested to fill out evaluation sheets (See Appendix F 4) and they were returned in a pile.

Before the writer realized the value of keeping these evaluations separated for different screening sessions, they had been shuffled together, so that statistics could not be compared between the screening sessions in the elementary school and different screening sessions in the high school. Figures indicate the reactions of the same teachers in different sessions of the high school and of only one reaction from teachers in the elementary school. No one was required to fill out an evaluation for any session, but most teachers did.

Other evaluations were secured, especially from the special personnel participating in personal interviews a year after the project was completed.

All the other grades and sections had to be scheduled for screening sessions after school from 3:30 to 4:30. Sometimes only one section of boys or girls was undertaken, in order to avoid holding teachers overtime. Essentially the same process was used in all sessions except that the writer was able to be present when only one section at a time was being screened and to take care of checking the tabulations herself, rather than assigning it to the home room teacher.

TABULATED FINDINGS

Information About Children. There were 607 elementary school pupils screened and 562 in the high school, making a total of 1,169 altogether.

Table I, (See page 72), Attendance and Emotional Problems, shows the attendance problems which the teachers noted from their registers of daily attendance. Children who were counted as attendance problems were absent anywhere from 15 to 60 or 80 days during the year. Legal reasons were considered excused absences for illness, death in the family, etc. Illegal was a situation where parents withheld their children from school to work on the farm and home, or where the child was truant from school for reasons of his own. The table noted that most of the attendance problems are legal in the elementary school, although two boys were listed as being out illegally, and there is a marked increase in both legal and illegal attendance problems in the junior high school grades with boys greatly predominating over girls.

Attendance problems were considered to indicate both causes and symptoms of difficulties. Many excused absences for illness meant that the nurse should explore further if no apparent reason could be discovered in the records. Illegal truancy was considered to be a symptom of emotional disturbance, or at least some dissatisfaction with school on the part of the child and perhaps an indication that some adjustment should be made in the educational program. Numerous absences were also considered as a cause of learning difficulties and poor classroom adjustment in some cases, because a child who is not physically present in the school room, regardless of what keeps him away, finds it difficult to cover the material and keep up with the rest of the class.

The next part of the table covers the emotional problems which the

TABLE I. ATTENDANCE AND EMOTIONAL PROBLEMS

Grade	Attendance Problems				Emotional Problems		Emotional Problems	
	Legal		Illegal		Teachers	Suspected	Experts	Diagnosed
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
* Special 1		1			3			1
Kinder 13		5			12	2		
I	6	2	1		9	3		
II	3	2			12	6		3
III	4	6	1		9	4	1	
IV					4	5	4	
V	2	2			9	2		
VI	7	24			11	5		1
Total Elem.	36	42	2		68	27	5	5
VII	13	8	11	2	8	4	2	2
VIII	5	4	3	5	9		2	
IX	16	1	1		8	8	2	
X	2	1			5	2	2	2
XI			1	1		3		
XII	1	2			1	1		1
Total HS	37	16	16	9	31	18	8	5
Grand Total	73	58	18	9	99	45	13	10

* Special class for retarded children

teachers and other personnel felt should be listed because of the symptoms which the child was presenting in the school situation. It will be noted that there are over twice as many boys in the elementary school as girls and that the boys continue to outnumber the girls in the junior high school as well. Another interesting trend shown on this table is the decrease in such problems which the teachers noted in the higher grades.

These statistics do not necessarily present an accurate picture of the real emotional problems present in the school. Some of them may reflect the teacher's own projections or particular emotional concerns. Others may represent discrepancies between teachers' expectations and developmental progress on the part of the child. However, since anecdotal material was used in arriving at these statistics and since there were at least three people who agreed on the meaning of symptoms, they can be assumed to represent something serious enough to cause the teacher anxiety and to need further, careful diagnosis and follow-up in order to do the child justice in an educational setting.

The next part of this table represents the extremely meager availability of such diagnosis. Out of 144 children who needed such diagnosis and follow-up, it was possible to secure it for 23. The experts who were called upon were the School Psychologist, the Mental Hygiene Clinic, and in one or two cases where the parents were able to buy such service, a private psychiatrist or psychologist.

Table II (See page 74), Learning Difficulties and Group Test Results, indicates teachers' opinions of how the children are assimilating the course of study. Here again it may be noted that more than twice as many boys were observed to have difficulties in both the elementary and high school grades. According to the group tests of intelligence, which shows

TABLE II. LEARNING DIFFICULTIES AND GROUP TEST RESULTS

Grade	<u>Teachers Observed</u>		<u>Group Test</u>		<u>Intelligence</u>		<u>Quotients</u>	
	Boys	Girls	<u>Under 74</u>		<u>75-120</u>		<u>Over 121</u>	
			Boys	Girls	Boys	Girls	Boys	Girls
Special	8	5	2	2	6	3		
Kinderg.			13	8	18	13	11	9
I	1	1	7		38	32		
II	16	6	3		54	54	2	2
III	7	6	5	3	23	24	3	2
IV	2	1	3	3	22	24		
V		1		5	27	19	6	6
VI	22	2	7	15	41	29	6	1
Total Elem.	56	22	40	36	229	198	28	20
VII	8	3			59	65		
VIII	1		7	3	66	58	4	3
IX	17	13	5	2	31	25	1	3
X	3	1			32	48		
XI	6		1	1	24	31	1	
XII					25	32		1
Total HS	35	17	13	6	237	259	6	7
Grand Total	91	39	53	42	466	457	34	27

53 boys and 42 girls under a score of 74, there must be other reasons than lack of natural endowment for some of these difficulties observed.

Table III (See page 76), Speech Problems, indicated the complete lack of any treatment facilities in this area of the county. Less than one third of all children who were observed by their teachers to show symptoms of speech difficulty had received any medical diagnosis and none had been treated.

Table IV (See page 77), Crippling Handicaps, Orthopedic, Teeth, Facial and Other Disfigurements, again shows the preponderance of boys over girls whom teachers observed to be deformed in some way. Here the picture looks much more hopeful, considering the number who had received medical diagnosis, but adequate follow-up and treatment was again disappointing.

On Table V (See page 78), Rheumatic Fever, Cardiac, Glandular or T. B. Involvements, medical diagnosis is practically essential in order to have any sureness of the meaning of symptoms; however, treatment was again scanty.

Table VI (See page 79), Hearing and Sight Loss, seems to indicate considerable use of diagnostic and treatment resources for hearing and sight losses; however, educational adjustments in the classroom are shown as meager. Teachers pointed out a special need for a sight-saving program in the case of a few children.

Table VII (See page 80), Follow-up Requested by Screening Committee, shows the person designated to follow up the various problems pointed out by the Screening Committees. There were 230 follow-up problems found for the nurses, 104 for the counselor, 93 for the pupil personnel worker, 105 for the psychologist, and 43 for which the teachers were designated to carry responsibility.

TABLE III. SPEECH PROBLEMS

Grade	Boys			Girls		
	Teachers Observed	Diagnosed Medically	Adequate Treatment	Teachers Observed	Diagnosed Medically	Adequate Treatment
Spec.					1	
Kind.	7	1		2		
I	5			4		
II	1	1		1		
III	3			3		
IV						
V	2					
VI					1	
Total Elem.	18	2	0	10	2	0
VII	1			1		
VIII				2		
IX	1	1		1		
X		2		1		
XI					2	
XII	1	1				
Total HS	3	4	0	5	2	0
Grand Total	21	6	0	15	4	0

TABLE IV. CRIPPLING HANDICAPS, ORTHOPEDIC, TEETH, FACIAL AND OTHER DISFIGUREMENTS

Grade	Boys			Girls		
	Teachers Observed	Diagnosed Medically	Adequate Treatment	Teachers Observed	Diagnosed Medically	Adequate Treatment
Spec.				1		
Kind.						
I	10	2	1	1		
II	1	1				
III	1	3	2		4	1
IV					1	
V		1		2	1	1
VI	5	2		2	1	
Total Elem.	17	9	3	5	8	2
VII	3	2		1	1	
VIII		2		1		
IX	4	1		1	1	
X	1				1	
XI	1		1	1		1
XII	2	3	1		3	2
Total HS	11	8	2	4	6	3
Grand Total	28	17	5	9	14	5

TABLE V. RHEUMATIC FEVER, CARDIAC, GLANDULAR OR T. B. INVOLVEMENTS

Grade	Boys			Girls		
	Teachers Observed	Diagnosed Medically	Adequate Treatment	Teachers Observed	Diagnosed Medically	Adequate Treatment
Spec.		1				
Kind.		1				
I		2				
II					1	
III		1	1	1	1	
IV		2				
V	1					
VI	2	2				
Total Elem.	3	9	1	1	2	0
VII	1	5			3	
VIII					1	
IX	2	1		2		
X	1	3				
XI		4			5	
XII	1	2	1			
Total HS	4	10	1	2	9	0
Grand Total	5	19	2	3	11	0

TABLE VI. HEARING AND SIGHT LOSS

<u>Grade</u>	<u>Teachers Observed</u>		<u>Audiometer Diagnosed</u>		<u>Medically Diagnosed</u>		<u>Medically Treated</u>		<u>Educationally Treated</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
Spec.	1									
Kinderg.	2	2							1	
I	5	3	1		3	1	1			
II	2	1	2					1		
III	4				1					
IV	2	4			2	2				
V	1	3		6	3		1	3		1
VI	2	1	1		2	2	2	2		
Total Elem.	19	14	4	6	11	5	4	6	1	1
VII		2			2	2				
VIII		2	1	1	4		1	1		
IX	1	1							1	
X	1	2								
XI	1	1	1	1	1	1	3	5		
XII					3	1	1			
Total HS	3	8	2	2	10	4	5	6	1	0
Grand Total	21	22	6	8	21	9	9	12	2	1

TABLE VII. FOLLOW-UP REQUESTED BY SCREENING COMMITTEES

Grade	<u>Nurse</u>		<u>Counselors*</u>		<u>Pupil Pers.</u>		<u>Psycholog.</u>		<u>Teachers</u>	
	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>	<u>Boys</u>	<u>Girls</u>
Spec.	3	1			1	1	3	2	1	
Kind.	5	2			2		7	3	2	2
I	20	11			8	2	5		6	3
II	9	10			4	2	9	7	2	
III	14	12			8	3	4	2	5	3
IV	9	1			2		6	4	3	5
V	9	12				1	4	3	3	
VI	13	11			6	3	13	8		
Total Elem.	82	60			31	12	51	29	22	13
VII	6	4	6	3	6	2	2		1	1
VIII	5	9	13	23	12		7			
IX	11	14	15	11	8	5			1	1
X	9	14	13	11	9	7	9	5		4
XI	5	6	4	1		1		2		
XII	2	3	2	2						
Total HS	38	50	53	51	35	15	18	7	2	6
Grand Total	120	110	53	51	66	27	69	36	24	19

* There is no counselor service available in elementary school.

The writer attempted to make some estimates of the average amount of time needed to follow up one of the cases in order to arrive at some conclusive solution for the problem. This includes what the special personnel are able to do for the child themselves, as well as telephoning, referrals to other resources, keeping adequate records, reporting back to teachers and other personnel on the team. These estimates of time were made in consultation with the personnel involved and the following table shows hours and weeks of time:

TABLE VIII. ESTIMATED TIME

	<u>Hours</u>	<u>Weeks</u> (40 Hours)
Nurse	1,150	29
Counselor	280	7
Pupil Personnel Worker	930	23
Psychologist	630	16
Teachers	86	2 $\frac{1}{2}$

Since the study was completed sometime in April in the high school and continued on through to the end of the year in the elementary school, it was obviously impossible for any of the personnel to complete the follow-up before the year was over. However, some rough estimates of how much was accomplished will be indicated in the evaluative interviews Chapter V.

Table IX (See page 82) gives in a graphic manner the relative frequency with which the different types of problems were encountered in the total school population.

It may be noted that the percentage of attendance problems, emotional problems and learning problems are almost the same. The striking

TABLE IX. TOTAL PUPILS STUDIED AND PERCENT SCREENED UNDER EACH PROBLEM OR HANDICAP

(Each figure stands for 5 pupils. X - Boys O - Girls)

Attendance Problems	XXXXXXXXXXXXXXXXXXXXX000000000000 - 13.5% *
Emotional Problems Diagnosed	XXXXXXXXXXXXXXXXXXXXX000000000000 - 12.3% *
Learning Problems	XXXXXXXXXXXXXXXXXXXXX00000000 - 11.1% *
Group Test of IQ Under 74	XXXXXXXXXXXXX00000000 - 7.8% *
Over 121	XXXXXXX000000 - 4.8% *
Speech Problems Observed and/or Diagnosed	XXXXXXX00 - 3.8% *
Crippling Handicaps Observed and/or Diagnosed	XXXXXXXXX000000 - 5.7% *
Organic Problems Observed and/or Diagnosed	XXXXX000 - 3.3% *
Hearing & Sight Loss Total	XXXXXXXXXX000000 - 6.2% *

FOLLOW-UP REQUESTED BY SCREENING COMMITTEES

For Nurse	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 000000000000000000000000 - 19.7% *
For Counselor	XXXXXXXXXXXXX000000000000 - 8.8% *
For Pupil Personnel	XXXXXXXXXXXXX0000000 - 8% *
For Psychologist	XXXXXXXXXXXXX0000000 - 8.8%
For Teachers	XXXXX0000 - 3.2% *

* Percent of total school population, which was 1,169, of which 598 were boys and 571 were girls

contrast between the diagnosis available as shown under "Emotional Problems" (2.7%) and the need as indicated under these three different categories of attendance, emotional and learning problems is startling.

The group tests of intelligence showed about the same total percentage of very limited ability and exceptional ability as the three problems listed above, a total of 12.5%.

The relatively small percentage of physical handicaps discovered or recorded as diagnosed may indicate that in reality there are few of these handicaps. However, in one of the interviews in which an evaluation was requested it was mentioned that teachers showed much more awareness of emotional and learning problems than of physical problems. Therefore, the small percentages may show this deficiency rather than an actual small population. Another point which needs to be considered is that severely handicapped children in these areas are excused from school under present regulations.

On the other hand, by far the greatest number of requests for follow-up were routed through the nurse. Therefore, there is considerable indication that teachers and other personnel were interested in having further screening done in the physical area. The rest of the personnel -- counselors, pupil personnel workers and School Psychologist -- were about equal in desiring and requesting follow-up of problems. Teachers were scheduled for follow-up where some particular personal qualification was evidenced in the discussion of a child.

CHAPTER V

EVALUATIONS

Evaluations were secured in three different ways: first, the writer distributed evaluation questionnaires (See Appendix F 4) at the end of each screening session and requested that the teachers should fill them out and return them anonymously. Fifty-seven evaluation sheets were returned and the answers were tabulated in Table X (See page 85).

Another method of receiving evaluations was the space for suggestions at the bottom of the evaluation sheet, and the suggestions received are quoted on page 84.

A third form of evaluation were interviews with participating personnel. The writer felt the process could be looked at in perspective a year later. These evaluative interviews are summarized, beginning on page 86.

Voluntary Written Evaluations. I would suggest the following changes to improve this process:

Five suggested thorough follow-up.

One suggested sessions be at least two hours long.

One suggested personal comments be placed on permanent record cards.

One suggested there be more definite leadership to avoid confusion.

One thought that there was too much talk in the form of gossip and very little done that was not already on record.

One suggested that there be more emphasis on the real need of the pupil and spend less time with teachers' reactions to how a pupil

TABLE X. TABULATED EVALUATIONS OF SCREENING PROCESS

1. I felt the time seemed long 10, short 8, well used 26, well used if followed up 2, wasted 0. No response 29.
2. I was interested most 40, some 9, little 0 of the time.
No response 8.
3. I was bored most 1, some 4, little 35 of the time. No response 18.
4. I feel we should have taken more 15, less 11, same 10 time.
5. I felt free 52, did not feel free 1 to contribute my ideas.
No response 4.
6. I felt my ideas were valued 47, were not valued 3 by the others.
No response 9.
7. I feel such a screening process is of some 23, little 6, great 22, great if followed up 3 value to each child. No response 3.
8. I feel I learned a great deal 13, some 25, little 12 about the meaning of symptoms. No response 7.
9. I feel I learned a great deal 4, some 26, little 18 about community resources for followup and treatment. No response 9.
10. I feel such a screening process is of some 25, little 4, great 17, value to me as a teacher. No response 11.
11. I would recommend this process for all schools 35, with modifications 6.
12. I would not recommend this process for other schools 6.
No response 10.

(Total number of evaluation sheets returned: 57.)

hands in homework; that it was not scientific enough, and that teachers need training in diagnosis.

One suggested teachers be more familiar with the codes.

EVALUATIVE INTERVIEWS

A year after the screening project had been completed, the writer went back to a number of the special personnel and teachers and asked for their honest opinions about the project as they remembered it.

First, they wanted to know if there were some specific questions about it, but the writer purposely avoided asking specific questions except to slant the interview in one way. The writer stated to each person at the beginning of the interview that she felt there were many flaws in the process as it had been tried out and was especially anxious to get the criticisms and negative feelings of the participants.

In order to avoid the possibility for any participant to feel that he might be singled out by any other participant for specific criticism, the writer promised to keep the exact source of the evaluations hidden in the write-up. It was not even possible to reveal the position occupied, as only one counselor, doctor and health educator participated.

Interview No. 1. Probably the most important positive evaluation which can be surmised about the whole project was that the teachers voluntarily requested to have the essential elements of the process repeated again this year. It has also been adopted in at least three other schools in modified form. Somebody must have spread the word that it was worth doing. The writer did not know that this had happened until it was brought out in the evaluation interview.

The process this year was modified by omitting the pupil personnel

worker, although he was welcome to sit in if he wished to, and was conducted by the counselor in the school with the cooperation of the teachers in each section and the nurse. There were no statistical records kept by anybody, but anecdotal records were kept by the counselor and nurse. There was much more educational planning, re-assignment of children to different sections, and adjustment of the school program to meet the educational needs of the children than had been attempted the year before.

It was the opinion of the evaluator that the teachers were more interested and more personally involved with the process this year than last. Last year it was noted that several of the teachers were rather playful, wise-cracking and apparently disinterested, that when the writer was not present in a group to act as policeman and keep order it often broke down into almost a farce. It was suggested that the program both this year and last year might be helped by a coordinator with considerable professional status to point up significant material and to pursue snap judgments with clinical questioning. In other words, when some teacher says "He's a good kid," "Nothing wrong with him," and "There's no hope for him; he's strictly psycho," someone needs to ask for anecdotal instances on which the teacher bases this opinion. This was not completely lacking, yet in order to safeguard the child and also to develop the clinical awareness of teachers, this function needs to be most carefully fostered by some member of the group.

The impression of this evaluator was that a number of teachers felt: "What is this all about?" They need much more preparation before the program is introduced. If they can participate in planning and developing it, they feel that it is their program rather than one imposed by some person with enough status to exploit them to gather data for an advanced

degree. Three teachers commented to this evaluator that they felt it was imposed by the writer for an ulterior motive -- that is, for university credit. (At the time it was initiated, the writer had not made a final decision to use it for a thesis, but decided to use it after getting into the study and seeing its potentialities).

The evaluator commented that he had defended the writer to the teachers by saying that most new projects or research of this type were originally stimulated by some very personal need and that the real value should not be discounted because the person who worked hardest on the project was getting double reward. However, one teacher resented it sufficiently to speak of his concern three times to the same person.

In spite of the poor preparation and the apparent boredom of many of the teachers, this evaluator felt that they came alive with interest when one of the children who had caused them special concern was brought up for discussion. The home room group for each teacher usually held his interest.

It was thought that the more serious clinical approach, which is to be found in hospitals and other medical settings, might gradually grow in the school setting but could not be expected at first.

Interview No. 2. This evaluator felt that a full understanding was lacking at the first general meeting. This lack of understanding showed up from the administration and all through the faculty, and the writer commented that probably it was present in the initiator as well.

There were two important points brought out: that the teachers need to help start from the beginning of such a project, planning it and setting it up, and that it is important to have it scheduled on school time and not after quitting time when everybody is exhausted from the day's work.

There also needs to be strong administrative supervision to back the idea.

Interview No. 3. This evaluator felt that too many names were taken up during too short a time, that the forms were drudgery to fill out, that the teachers had no feeling that there was any immediate outcome, and that after the follow-up was done on this particular project, there was no reporting back to let the teachers know what had happened.

On the similar project this year there was immediate reporting back and the teachers participated in carrying out regrouping of educational sections and other educational adjustments. This particular person attended screening sessions where she did not even expect to hear children she was familiar with discussed. She would take along other work, such as grading papers, and keep one ear open for fear she would miss something that she really wanted to know. She also thought that in the pilot screening project several of the teachers did not know what they were doing or why.

Interview No. 4. Another person compared this year's screening session with last year's by saying that there seemed to be a more sincere attack on problems, that the follow-up was more personal, and that there was an individual report back of plans and diagnostic work-up.

Interview No. 5. This type of screening certainly produces much more case finding or discovery of needs than any other type. It also fosters good referrals from teachers because it is possible to get a consensus of more than one who have noted symptoms of behavior.

There has been some difficulty in making the interpretation of needs of children to parents and to private physicians who at times are inclined to disagree with the opinions about the meaning of symptoms and pass them off as of no consequence. However, it was possible to do routine follow-up

for children who were too fat or too thin in school by giving them some instruction about diet, check rough screening of their defects, and schedule many of the children with their parents' permission for clinics within the Health Department.

The time element made it impossible to give adequate clinical investigations to snap judgments made by teachers and almost prohibited much of the educational values which might have been available if there had been more time.

It seemed as if local prejudices were often confirmed rather than ameliorated because there was insufficient questioning of the validity of snap judgments and sweeping generalizations. Personal jealousy of individual teachers showed up when one had a good relationship with a child and another did not.

Interview No. 6. This interview started with a question: How much can you trust the teachers? If you give them confidential information which they really need to know in order to help the child, how can you be sure that they won't use it to punish the child? If special personnel revealed limited confidential information either of medical or social nature, what assurance can they have from teachers that this information will not be spread outside of the screening session?

The important values as seen by this evaluator were that there was opportunity for exchanging of many types of information, both among teachers and the special consultants. The teacher's conflicts with the children were plainly pointed up and it was possible to evaluate relationships from the anecdotes which were used in the discussion. All the teachers also see the different relationships which the same student may

find in other classrooms. It helped to develop the concept that all standards are relative and to shock teachers into the question: "How rigid am I in my expectations?" It also gave some chance for catharsis for teachers with pet peeves.

Interview No. 7. This evaluator felt that teachers seemed much more aware of behavior and learning problems than of the meaning of physical symptoms and that in the two sessions where he was present attempts to develop this type of awareness were extremely limited.

Another point made by this evaluator was the feeling that pressure of time probably prevented adequate preparation of teachers for the project. Statistics were needed to meet a deadline and many preliminary steps were probably omitted which would have given teachers a much better introduction to the whole process. However, it was suggested that nothing is accomplished if one does not try and that there were many positive values in spite of the omissions and deficiencies.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS FOR FURTHER RESEARCH

From the evidence gathered and classified in the foregoing chapters the writer believes that the following conclusions may be supported. These conclusions will be discussed in relation to the hypotheses as set up on page six.

Hypothesis No. 1. "It is possible to screen all children in public school so as to discover those with special needs."

This process did screen every child enrolled in grades one through twelve in a public school area. Therefore, it may be concluded that every child in public school may be screened if this process is used. However, in connection with this first hypothesis, it is necessary to discuss the second and third.

The second hypothesis reads: "It is possible to gather statistics about children with special needs which meet scientific standards of validity."

It is necessary to compare the criteria for scientific standards of validity with what took place in this process in order to conclude any yes-and-no answer on this question. These criteria are stated on page 9.

"It begins with a question which must be worded or delimited so that data may be collected to answer it decisively."

This was done in the statement of purposes and hypotheses.

"Assumptions, or what is taken for granted, must be stated and kept in mind throughout the study."

The writer did state what was taken for granted, but there is evidence in parts of the study that it was not "kept in mind." For instance, the assumption about the learning process, that the "students must participate in setting up the purposes," was not kept in mind. The writer set up the study, informed the faculties, solicited the cooperation of the nurse and

other special personnel, but did not ask for ideas, opinions, suggestions and modifications. The writer feels the process was imposed in many ways and is somewhat surprised that the response was as cooperative as was shown in the findings.

Evidences of this reaction from the teachers were found in the evaluation. The first evaluative interview discussed a teacher who felt the writer was using the faculty for an ulterior motive. Another evidence was the urgency with which some of the teachers wanted to rush from one name to the next (page 68). The process was not theirs, but was something imposed by consultants who came in, the administration who told them to go to these screening sessions, etc. Therefore, in one sense, this hypothesis can be answered negatively. At least one fundamental assumption was lost sight of at the very beginning of the study.

So far as the writer's own learning is concerned, the fact that she became aware that she forgot this fundamental assumption during the process is an important insight. Perhaps this criteria is unrealistic in its expectations of what one human being can possibly keep in mind. The study attempted was too broad in purpose to keep all the assumptions in mind simultaneously. However, there are certainly implications for further research in modifying this process so that all the participants would learn and have a part from the very beginning in setting it up.

"Data must be collected and classified in a systematic and orderly way."

According to the blanks on exhibit in the Appendix, the writer feels that the plan was reasonably systematic and orderly, but in the actual process there was great variation from one screening session to another in the manner of collecting and classifying data. In this respect the

writer does not feel that the process could be called thoroughly scientific. There were some aspects of the scientific method present, but this part of the process needs much more modification and revision before the writer would be satisfied to recommend it for continued use. Probably some simple blank with space for anecdotal material for classifying problems after the sessions are completed would be much more useful. It would be more valid if the same person could do the classifying, rather than have home room teachers and consultant personnel or someone else do it at different sessions. Some one person or several with the same type of special training in this process of classification should do the job in each session in order to make the figures thoroughly reliable and scientifically valid.

"Data are considered valid if collected according to prescribed procedures."

These data were collected according to "prescribed" procedures.

The criticism mentioned under the foregoing criteria again apply to this one -- that there was variation in procedures and therefore the validity of the process could be questioned in relation to this criteria.

"Greater validity may be assumed if a group of disciplined individuals agree on the classification of data."

This process did include a group of disciplined individuals. The writer brought three disciplines: the mental hygiene clinic approach, educational approach, and psycho-therapeutic approach. The school nurse brought the medical discipline and clinical approach. The counselor in this particular study made a strong contribution to the disciplined approach. One of the problems mentioned, however, in the evaluation, was that the teachers seem to classify according to prejudice rather than objective observation. Even one of the evaluations from the teachers themselves mentioned that judgments were too unscientific. The writer

feels that there was some disciplined agreement, but that much more experimentation is needed before faculties can arrive at well disciplined consensus of the type now practised in many medical and psychiatric settings.

"Findings and conclusions are always tentative and subject to further research."

The findings and conclusions of this study would certainly fall under this.

"Findings are considered valid only in so far as the results are reproducible by others using the same assumptions and methods."

This part of the criteria has not been tested specifically as yet, but the writer believes that the process is sufficiently described and simple that it could be tested by others.

It was found that information was available in the six areas assumed to be necessary for any understanding of human behavior, namely: (1) Physical factors and processes, (2) The climate of affection, (3) The relationship to peers, (4) Social and cultural background, (5) Potentialities, capacities, aptitudes, skills, attitudes and knowledge, interests, values and goals, and (6) The adjustment processes. This information was available either in records or in the minds of people present at the screening sessions and was used for the synthesis of a diagnostic picture of some of the children.

Hypothesis No. 3: "It is possible to screen and report findings more accurately and comprehensively than is done at present."

Present methods of reporting were surveyed rather extensively in this study. Sample report forms were included in the Appendix and the reports were discussed. Most of these reports cover only one aspect of a child's life, school or health, and have a tendency to give a distorted or segmented picture of some particular problem, but do not give a compre-

hensive picture of a child as a whole person. Some special studies were also surveyed and the statistics in these studies may be compared in tabulated form with those gathered in the pilot study, as follows:

TABLE XI. COMPARISON OF STATISTICS IN PERCENTAGES

	<u>1948</u>	<u>1949</u>	<u>Pilot Study</u>
Need Psychological or Psychiatric Help	9.6	2.8	12.3
Diagnosed Need (Emotional)	*	*	2.7
Speech Problems	1.8	1.9	3.8
Learning Problems	4.9	6.0	11.1
Refer to Guidance Counselor	*	5.9	8.8
Refer to Pupil Personnel			8.0
Mentally Retarded #	2.6	.1	7.8
Need Special Education Program or Institution	.5	3.2	*

* Not compiled in this study

The discrepancy here may be due to using different IQ to screen;
that is, 50 in 1948 and '49, and 74 in the Pilot Study.

It may be noted that the statistics in this study show a much larger percentage under each problem. From a perusal of the methods the writer would conclude that this study screened much more comprehensively and accurately than any other method used in the county at present or used by any local group for a particular spot check or report.

Since the hypothesis did not state that the process would screen all children with special needs, the writer feels safe in saying that it screened children with special needs. However, it would be possible for children with special needs to be missed with this screening process.

Further research might reveal other ways of screening more accurately. Certainly the process cannot be recommended as proving that every child with a special need was discovered.

However, the writer feels that this study did include a most important element which seems to have been overlooked in most other studies. This element is the differentiation between diagnosed problems and suspected problems. This type of differentiation is essential for all professional personnel to keep in mind when dealing with data or symptoms in another field of competence.

Hypothesis No. 4: "It is possible for a "team" of teachers and special consultant personnel to do this scientific screening."

The special consultant personnel are not specified in the hypothesis. However, from the experiences in this pilot study, evidence shows that the personnel who participated with the teachers were not sufficiently strong in the scientific approach to maintain a high degree of clinical thinking throughout the process. The personnel were discussed under scientific standards. The writer feels that in certain ways the standards of scientific validity were maintained by the personnel who participated in this study. Much more research needs to be undertaken in order to discover exactly which personnel should participate, what the administrative standing of such personnel needs to be, and other factors in the process itself which might influence the process of screening.

Evidence can be picked up as an example on page 55 in the statement of the teacher:

"He was just peculiar. I think it is all the parents' fault. If they didn't pick on him so much and expect so much of him, he would be all right, but he brings all that tension to school from home."

Here the teacher is unable to look at the contributions of the school in

relation to the problems of the boy. She is looking for a scapegoat and maintaining her prejudices intact, but is unaware of them. Probably she would feel very strongly threatened if the writer made any attempt to interpret defense mechanisms at work here, but this type of blame-placing is anything but scientific.

Another instance in which teachers displayed lack of scientific awareness of the causation of behavior is found on page 59 in the discussion of the science teacher.

"What could you expect from that family? The whole family is just an eyesore to the neighborhood and what is going on with that younger sister anyway. Last year she was living with that older man downtown and he was giving her money. The family claimed that he was some kind of sponsor or benefactor."

The writer attempted to dissipate this prejudice, but was unsuccessful.

(Page 60)

"... the court made a very thorough check about what was going on with the younger sister and found there was nothing to be censored in the relationship with this older man to the daughter. He had proved to be a real friend of the family and helped them out a number of times when they were frantic with worry and debts and didn't know which way to turn.

"So far as evidence about neglect of the children is concerned, the court investigation showed that the family had different ideas about child-raising than some of the neighbors, but in no way could these differences be interpreted as neglect or mistreatment of the children. The court workers I talked to suggested that the community needed a change of heart rather than that the family needed to be punished."

(Science Teacher opened her mouth to say something, frowned in a disconcerted way, took a deep breath and kept quiet.)

This description is evidence of lack of acceptance of factual information as compared to prejudice and a scientific synthesis is not possible where prejudices are playing an important role.

On page 87 in evaluation interviews, it was noted "that some of the teachers were rather playful, wisecracking and apparently disinterested. When the writer was not present in the group to act as policeman and keep order, the screening sessions often broke down into almost a farce." It was suggested that the program "might be helped by a coordinator with considerable professional status to point up significant material and to pursue snap-judgments with clinical questioning." Another evaluator felt that there was "a lack of understanding from the administration down through the faculty. There also needs to be strong administrative supervision to back the ideals propounded in the purposes of this study."

Hypothesis No. 5: "It is possible for certain educational side effects to accrue to the participants on a "team" of teachers and special consultants screening children with special needs."

There is limited evidence on this. In the evaluative questionnaires approximately 67% of the teachers who responded felt that they learned some, or a great deal about the meaning of symptoms. This in turn increased their awareness of causes of behavior. Fifty-three percent felt that they increased their knowledge of the community's resources. There was no specific measurement about the increase of knowledge of referral of cases, but the information was present to be learned during the session, as will be brought out in quotations a little later. Forty-six percent felt that the time was well used. Eleven teachers did not respond to this question; which may indicate that it was a poor question or that they did not wish to say the time was wasted. Eighty-six percent were interested most of the time, and only one teacher did not feel free to contribute his ideas. Eighty-four percent felt that their ideas were valued. The writer concludes from this evidence that the screening sessions

were at least personally comfortable to most of the participants and that there was some evidence of educational side effects.

The writer has already discussed the lack of correlation between the fundamental assumptions on the learning process and the actual process of the pilot study. Some of the suggestions for improving this, such as having the teachers participate in setting up the study, etc., would probably increase the actual learning.

On page 59 is an example where the nurse made an important statement.

"This boy has a heart murmur and we are trying to get him into the Cardiac Clinic to check on it. Maybe his energy isn't always the same and that may be part of the reason he doesn't always pay attention in class."

This is the type of scientific interpretation which was present. Another example is made by the writer on page 62.

"I have been attempting to get the family to go to the Social Service League for family counseling, which might help somewhat with the family situation. The nurse can keep on working on the health problems and maybe if some of the teachers encouraged John a little bit more he will be able to carry out his good intentions for getting the medical care he needs."

Resources are discussed here.

On page 52 the writer again interprets the function of a community agency in the following statement:

I explored the possibility of going to the Mental Hygiene Clinic with the mother. She had considerable prejudice against psychotherapy. However, she had a warm spot in her heart for Social Service League and might be persuaded to go there for family counseling."

Other evidence has been mentioned before in discussions where teachers maintained their prejudices, such as the science teacher, on page 59. However, information was given in spite of the feeling of the writer that it probably would not be able to change a deep-rooted prejudice. Perhaps some other teachers would be able to see cause and effect and

learn the information even though one person in the group would not. In one of the evaluative interviews, on page 90, the statement was made:

The time element made it impossible to give an adequate clinical investigation to snap-judgments made by teachers and almost prohibited much of the educational value which might have been available if there had been more time.

It seems as if local prejudices were often confirmed rather than ameliorated because there was insufficient questioning of the validity of snap-judgments and sweeping generalizations. Personal jealousy of individual teachers showed up when one had a good relationship with a child and another not.

On the other hand, on page 90 another evaluator mentioned:

... that it gave an opportunity for exchanging of many types of information, both among teachers and the special consultants. The teacher's conflicts with the children were plainly pointed up and it was possible to evaluate relationships from the anecdotes which were used in discussion. All of the teachers also see the different relationships which the same students may find in other classrooms. It helped to develop the concept that all standards are relative and to "shock" teachers into the question: "How rigid am I in my expectations?" It also gave some chance for catharsis for teachers with pet peeves.

Evidence is lacking on how much change actually occurred in the special consultants. The writer feels that from a subjective point of view she learned to understand teachers better, to "feel with" them a little more, she learned more about the school administration and processes and learned to work with teachers more comfortably. Evidence is lacking in this area and the writer feels that much more research might be undertaken, especially into the process of modifying attitudes while maintaining a feeling of adequacy in the participants.

Hypothesis No. 6: "It is possible to maintain adequate democratic confidentiality for medical and social information."

From the writer's point of view, this was probably one of the weakest points of the whole research project. Confidentiality was mentioned, but

there was no code of ethics drawn up. It was very much a sideline. In the evaluation there was a lack of trust of teachers expressed because of the fear that they would not keep the material confidential. On page 50, there was some discussion of maintaining adequate confidentiality at the general meeting. However, it was touched on comparatively lightly. It was mentioned at some of the screening sessions as well, but there was no consistent plan for bringing this particular concern up routinely at every screening session.

In the evaluations on page 90, the interview started with the question:

"How much can you trust the teachers? If you give them confidential information which they really need to know in order to help the child, how can you be sure that they won't use it to punish the child? If special personnel revealed limited confidential information of a medical or social nature, what assurance can they have from teachers that this information will not be spread outside of the screening session?"

This problem needs much more research.

Hypothesis No. 7: "It is possible to discover ways to foster the "team approach" among professional personnel serving children in an educational setting."

In the sense that the personnel felt that their ideas were valued, as shown in the evaluative questionnaires and that the teachers as well as special consultants felt personally comfortable, the team approach was probably fostered by this process. However, in the writer's view, the "team approach" was present primarily because of the personal maturity and capacity of the people who worked together, rather than because of any methods found in this study which particularly fostered it. The writer's own personal feeling was that the relationship with the special consultant personnel was pleasant, warm, cooperative and friendly. She could not have asked for nicer working atmosphere than she personally felt with all the special consultants and the school administration. The writer

would hesitate to evaluate what she personally contributed to the pleasant relationships and how much came from the professional and personal maturity of the other personnel. It just seemed "to happen." There was no technique inherent in the process which differentiated how this happened.

In relation to the teachers, the writer is concerned about the "team approach." The expressions of lack of trust on the part of special personnel and on the part of the writer in withholding information certainly does not beget the "team approach." Trust begets trust. Yet, special personnel who have achieved some degree of the scientific and clinical thinking in relation to behavior are very concerned when they are faced with rigid walls of prejudice and habits of thought of such ingrained long standing that a few minutes discussion could not possibly modify them. In the opinion of one evaluator, on page 88, it was thought:

"... that the more serious clinical approach, which is to be found in hospitals and other medical settings, might gradually grow in the school setting, but could not be expected at first."

This points up the need for research in this area, of developing confidentiality and the clinical approach, which go hand in hand.

Hypothesis No. 8: "It is possible to gather statistics which are suitable to be used for budgets and community planning."

Since the scientific validity of the findings in this study has been seriously questioned by the writer and other evaluators, the statistics gathered by these methods would hardly be suitable for use in budgets and community planning. However, the writer feels that with certain modifications in the process, which would make the statistics consistently valid, these statistics might then be useful for planning budgets and services. It is only the process of this pilot study, with its inherent beginning limitations, that the writer feels would not be valid.

Hypothesis No. 9: "It is possible that this process of screening children with special needs should be recommended for use in other schools."

Sixty-one percent of the evaluations returned recommended that this process be used in all schools and the writer found in the evaluative interviews that the process had actually been repeated in the original school and in at least two other schools. However, there were certain modifications made in the process which should be carefully considered before any blanket recommendation for use in other schools is made. The writer feels that further research and refinement, using the recommendations and findings of this study as a basis for the research should be made before a complete answer could be given to this hypothesis.

Hypothesis No. 10: "It is possible that this process of screening children with special needs has value for each child screened."

There was little evidence on this, except the evaluative questionnaires. In No. 7 it says that 23 felt that the process had some and 22 felt that the process had great value for each child. In the writer's view, the process had value for each child, provided confidentiality was not broken and provided certain modifications were made to add to its scientific validity and to the learning of the participating personnel.

CHAPTER VII

RECOMMENDATIONS

From working with the data and the many discussions not reported in this study, the writer has arrived at certain beliefs. These are in the nature of hunches and are certainly not fully supported by the evidence in the study, yet perhaps point the way to constructive change. In other words, if the writer were in a position to carry out plans, the following recommendations would serve as objectives.

1. A central statistical file of children with special needs. Although many types of reports are currently compiled for the county and state administrative units, and other reports to be released to the public, there is no synthesized file of special needs. Such a file ought to be protected with the most rigid ethical codes of confidentiality. Yet reports of statistics need to be compiled and published back to the community so that services and budgets can be realistic in relation to actual need.

Present methods of reporting and using information allows many children to be overlooked and neglected. Statistics in this study indicate grave discrepancies in the need for diagnostic service and the availability of such service.

The writer has not thought through the exact location or administrative unit which should be responsible for this file. It might be located in the Board of Education, the Board of Health, or a separate statistical census unit under the county government. It should be set up so that information could be easily channeled from the schools, the Health Department, public and private agencies and from other sources who might wish to report voluntarily. Some type of information service connected with this

bureau would elicit reports from parents, private psychologists, private physicians and psychiatrists. Records of inquiries for help might be included in statistics and used in case finding.

It would also seem logical that the school census should be administered through this statistical unit, and the writer believes that some method of maintaining a current census needs to be worked out. If such a plan were initiated, much more attention needs to be given to the scientific validity of figures compiled. The writer believes that if sufficient care were exercised in the setting up and supervising the procedures for collecting census data, fewer mistakes might be made in the final predictions of popular trends.

Further, the writer feels that a carefully worked out report from this statistical census unit should be published to the community at least once a year, in time to use when studying the budgets proposed by various agencies.

ADMINISTRATIVE CLIMATE

The writer feels that further screening and research of this type would best be undertaken under the administrative supervision of a specially qualified director with considerable status in the Board of Education. The writer mentioned that the "team approach" appears to be secured through administrative planning and through a unique type of supervision. The writer was not in an administrative position to promote policy in either of these respects but had to win cooperation from consultant personnel and the administration of the schools as a peer. Several of the evaluations brought out the need for a coordinator with administrative status who could popularize clinical thinking and the "team approach."

The writer would see the following functions coordinated under this one administrative director: Attendance, school health, home teaching, lip reading, hearing tests, psychological services, psychiatric consultations, supervision of guidance services, classes for slow learners, cerebral palsy school and other special classes as may be organized in the future.

Another function which seems closely tied with supervision of these special services is the coordination and supervision of research in these areas and of in-service training of teachers in the personnel or child-study approach, as well as parent education.

The research suggested in this study which could be sponsored by such a director might be in fields developing ethical feelings of confidentiality in teachers, the "team approach," the most effective educational methods of in-service training, additional research into the administration of the special services department, such as the most effective methods of case reporting, diagnostic evaluation, planning for services, adequate clinical supervisory consultation on cases, how to avoid duplication, lack of continuity and how to make sure of continuing responsibility in relation to an individual child. Special attention needs to be given to the supporting functions of clerical staffs, in order to free qualified personnel to do professional work.

In spite of the many difficulties and need for additional research which this pilot study revealed, the writer is convinced that the general plan has potential value for all children and all participants if it could be undertaken with the modifications suggested in these concluding chapters.

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APPENDIX A

RECORDS ROUTINELY AVAILABLE ABOUT CHILDREN
AND THEIR FAMILIES

PUPIL

Appendix A-1

W

B

C

G

Date of Birth

MARYLAND ELEMENTARY SCHOOL RECORD 1945

Birth Cert.

Baptismal Cert.

Passport

Bible

Parent

Source of Birth Record

112

First

Middle

(Nickname)

Encircle

Mo.

Day

Yr.

Birthplace

Guardian

Citizen

Naturalized

Alien

Education

Elem. School

High School

College

Other

MOTHER or Guardian

Name

Birthplace

Citizen

Naturalized

Alien

Education

Elem. School

High School

College

Other

3-STATUS OF HOME

PUPIL LIVES WITH

Parent(s), Relative(s), Guardian(s), or Other(s) (Specify)

No. of Brothers Sisters

Marital Status of Parents

OCCUPATION OF

Father or Guardian

Mother or Guardian

EDUCATIONAL FACILITIES IN HOME

Reference Books

Daily Paper

Magazines

Radio

Use of Public Library

APPROXIMATE HOURS PER WEEK SPENT IN

Farm or Home Chores

Care of Others in Home

Earning Money

4-PERSONAL, PHYSICAL AND SOCIAL DEVELOPMENT

Personal and Social Relations

Each block

K

1

2

3

4

5

6

Sex

Positive sex

Two; 1-One; N-None; R-Rejected

Boy

2. Fighting back

3. Withdrawing

5. Blaming others

6. Getting adult help

8.

9.

Girl

2. Music

3. Social studies

5. Science

6. Clubs

8. Hobbies

9. Good marks

11. Pleasing friends

12.

Follower

B-Physicians' Findings on Health

Area

K

1

2

3

4

5

6

Skin

Ear disease

Hearing

Eye disease

Vision

Nose

Throat

Teeth

Heart

Abdomen

Genitalia

Orthopedic

Physical appearance*

Personality

X-Ray chest

IMMUNIZATIONS

VS.

DATE

Smallpox

Diphtheria

Tetanus

Typhoid fever

Whooping cough

PAST HISTORY

RE.

DATE

Measles

Whooping cough

Scarlet fever

Diphtheria

Tonsillectomy

Height and Weight (Nov. and May)

Height (ft. and in.)

Weight

C-Physical Education

Game or Event

K

1

2

3

4

5

6

Athletic games

Individual events

Relays and races

Stunts and tumbling

Rhythmical activities

Hunting games

Mimetics

Story plays

Indicate participation by +; Leadership by ⊕

Best physical fitness achievement score

Special Talents and Interests

K

1

2

3

4

5

6

E-Participation in Out-of-School Groups during school year and during summer

4

5

6

6-SUPPLEMENTARY DATA—This card is designed to be kept in a folder. Such a folder for each pupil may well contain additional information of the following types:

1. Elementary school report cards.

2. Correspondence with parents.

3. Anecdotal records.

4. Detailed health record.

5. Details of interviews with pupil and/or parents.

6. Conduct or discipline adjustment.

7. Reports from psychiatrists, social agencies, etc.

8. Profile chart of test results.

9. Autobiographical sketch.

11-ELEMENTARY SCHOOL ATTENDANCE RECORD

[illegible]

W C	B G	Date of Birth	MARYLAND HIGH SCHOOL RECORD 1946			
			Birthplace		Source of Birth Record	Birth Cert. Baptismal Cert. Passport Bible Parent
Encircle		Mo. Day Yr.				113
ation		MOTHER or Guardian			Citizen	Education
hool	<input type="checkbox"/>				<input type="checkbox"/>	Elem. School
ool	<input type="checkbox"/>				<input type="checkbox"/>	High School
	<input type="checkbox"/>				<input type="checkbox"/>	College
	<input type="checkbox"/>	Name	Birthplace	Alien	<input type="checkbox"/>	Other

3-STATUS OF HOME

[illegible]

4-PERSONAL, PHYSICAL AND SOCIAL DEVELOPMENT

Personal and Social Relations								B-Physicians' Findings on Health								C-Physical Education							
For each block	7	8	9	10	11	12		Area		7	8	9	10	11	12	Game or Event		7	8	9	10	11	12
Same sex								Skin								Basketball							
Opposite sex								Ear Disease								Field Ball							
1; N=None; R-Rejected.								Hearing								Field Hockey							
As by								Eye Disease								Soccer							
w 2. Fighting back								Vision								Speedball							
5. Blaming others								Nose								Softball							
8. 9.								Throat								Tennis							
Were								Teeth								Touch Football							
St. 2. Math., Sci.								Heart								Track and Field Events							
5. Prac. Arts								Orthopedic								Volley Ball							
8. Phys. Ed., Ath.								Physical Appearance*								Indicate participation by X; leadership by ⊕							
11 12.																							
F-Follower																							
								CODE: V-Abnormal; OB-Observe; N.F.-No Follow-Up; *G-Good; *A-Average; *B-Below Par.															
																Height (ft. and in.)							
																Weight							
																Best Physical Achievement Score							

(Space
for
Picture)

ESS* ils)	7	8	9	10	11	12	6-CLUBS AND OTHER ORGANIZATIONS*†	7	8	9	10	11	12	7-USE OF OUT-OF-SCHOOL TIME					
														Hobbies, Leisure Activities, Special Interests†	7	8	9	10	11
oil																			
ation																			
and																			
horus																			

participation by X; leadership by \oplus
of-school organizations, such as Scouts, Y, Church Groups, etc.

‡ Indicate interest by X; unusual interest by ⊕

OTHER ACCOMPLISHMENTS

[illegible]

14-RECORD ON STANDARD TESTS

15-HIGH SCHOOL ATTENDANCE RECORD

16-COMMENTS

For
Flagging

JAN. FEB. MARCH APRIL MAY JUNE JULY AUGUST SEPT. OCT. NOV. DEC.

Write in column date, activity, and name and title of person entering the note

CODE FOR ACTIVITY:

TNR—Teacher-Nurse Referral
RMC—Routine Medical Conference
SR—Self Referral
TNC—Teacher-Nurse Conf. or Consultation

PNC—Parent-Nurse Conference
HV—Home Visit
PTC—Physician-Teacher Conference
PPC—Parent-Physician Conference

NOTES CONTINUED

TEACHER'S OBSERVATION OF PUPIL'S HEALTH

115

MARYLAND STATE DEPARTMENTS OF EDUCATION AND HEALTH

NAME

	First	Middle	
FOR TEACHER OBSERVATION OF PUPIL'S HEALTH	DATE	ANECDOTAL RECORD	SIGNATURE
weight			
weight			
not appear well			
easily			
nic fatigue			
ea or vomiting			
ness or dizziness			
l expression			
ssive breathlessness			
easily			
ry of "growing pains"			
h lips			
ssive pallor			
or crusted lids			
ned eyes			
ed eyes			
ated headaches			
ting, frowning or scowling			
uding eyes			
ry eyes			
ing of eyes			
ssive blinking			
hing of lids			
ng head to one side			
large			
che			
re to hear questions			
ng at ears			
ing the head to hear			
ng in a monotone			
ention			
ous expression			
ssive noisiness of child			
iarities of speech			
stent mouth breathing			
ient sore throat			
rent colds			
ic nasal discharge			
ient nose bleeding			
l speech			
ged glands at side of neck			
ient tonsillitis			
on hair			
ual pallor of face			
ual flushing of face			
tions or rashes			
ual scratching of scalp or skin			
of cleanliness			
of cleanliness			
cavities			
ular teeth			
ed teeth			
boils			
sive breath			
h habits such as thumb sucking			
re to gain regularly over 6 months' period			
plained loss in weight			
plained rapid gain in weight			
ment of shoulders and hips			
iarity of gait			
us deformities of any type			
ment of spine on standing tall			
lar development			
ination			
f feet in standing and walking			
tudious, docile, and withdrawing			
ing, over-aggressive and domineering			
ppy and depressed			
xcitable, uncontrollable emotions			
ring or other forms of speech difficulty, voice tone			
of confidence, self-denying and self-censure			
accomplishment in comparison with ability			
: (imaginative or defensive)			
of appreciation of property rights (stealing)			
gonistic, negativistic, continually quarreling			

[illegible]

[illegible]

APPENDIX B

STATISTICAL REPORTS COMPILED REGULARLY ABOUT CHILDREN
AND THEIR FAMILIES

PRINCIPAL'S AND TEACHER'S ANNUAL REPORT* ON ENROLLMENT, ATTENDANCE, AND PROMOTIONS: 19 -19

118

..... School No. School Dist. School Name

al

Teacher

Source of Enrollment				C. Causes of Withdrawal Before End of Year			
Kind of enrollment	Number enrolled			Code	Cause of withdrawal	Number withdrawing	
	Boys	Girls	Total			Boys	Girls
First school enrollment this year				W1	—Transferred to public school in same county		
Transfer from school attended this year in country other than U.S.				W2	—Transferred to private school in same county		
Transfer from public school another state				W4	—Transferred to school outside county without change of residence		
Transfer from non-public school other state				W3	—Moved out of county		
Transfer from Maryland public school outside this county				W7	—Committed to an institution		
Transfer from Maryland non-public school outside this county				W13	—Death		
Transfer from public school in this county				WGr	—Graduated before end of school year		
Transfer from non-public school in this county				W5	—Special case		
Total	a	b	c	W6	—Armed services		
Transfer from another room in this school	e	f	g	W8	—16 Years of age or over		
Re-entry after withdrawal				W9	—Mental incapacity		
For W1, W2, W3, W4, and W7				W10	—Physical incapacity		
For other causes				W11	—Economic reasons other than employment		
g. See back of report.				W12	—Marriage		
CAUSES OF LATE ENTRANCE FOR PUPILS WHO ENTERED 15 OR MORE CALENDAR DAYS AFTER OPENING OF SCHOOL				W14	—Compulsory attendance age and suspended		
Reason of late entrance	No.	Code	Cause of late entrance	No.	Total withdrawals		
Not English		E7	Illness or quarantine, before entering school for first time		WG —Transferred to another room same school		
Family		E8	Negligence or indifference of child or family				
Coming to place and not enrolled in any school		E9	Under school age				
From another school		E10	Parents' fear of epidemics				
Employed illegally		E11	Returned from armed forces				
More, employed			Total late entrants				

Attendance Items	Total no.	Month	Average number		Per cent of attendance n	E. Possible Days of School†	No. of days
			Attending k	Belonging m			
Maximum days of absence		Sept.				Days open taught by regular teacher	
Maximum days of attendance		Oct.				Days open taught by substitute	
Maximum days belonged (g + h)		Nov.				Days closed for following reasons:	
Maximum days not belonged		Dec.				Teachers' meetings	
Maximum days school was actually open* instruction		Jan.				Order of County Board of Ed.	
Maximum no. attending (h ÷ j)		Feb.				Order of Board of Health	
Maximum no. belonging (i ÷ j)		Mar.				Teacher's sickness	
Maximum no. of attendance (k ÷ m)		Apr.				Other reasons	
		May				Total possible number of days of school	
		June				† To be filled out by each teacher but not for the school as a whole.	

Report shall be prepared by each teacher and each principal having a homeroom or grade under his jurisdiction.

No.	Name of each pupil enrolled Boys alphabetically by grade	Date of birth			Age Sept. 1, 195.....	* Kind of enrollment	Date of entrance		* Cause of late entrance	Aggregate days of				Date of withdrawal		* Cause of withdrawal	Grade	Quality of work or average	Elem.		Transportation at public expense	High sch	
		Month	Day	Year			Month	Day		A	B	C	D	Month	Day				* Promoted or not promoted	* Chief cause of non-promotion		Course—A, G, C, V, Jr.	Graduated
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
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30																							
31																							
32																							
33																							
34																							
35																							
36																							
37																							
38																							
39																							
40																							

†Enter in parentheses, above days attended in your classroom,
days attended throughout the school year, adding in attend-
ance in room from which pupil was transferred to your room,
unless pupil was transferred from your room.
*Use Code.

Total

of each pupil
enrolled
alphabetically
by grade

Date of
birth
Month
Day
Year

Age Sept. 1, 195.....

* Kind of enrollment

Date of entrance
Month
Day

* Cause of late entrance

Aggregate days
of
a Absence
c Attendance
b + c Belonging
to school
s Not belonging
to school

Date of withdrawal
Month
Day

* Cause of withdrawal

Grade

Quality of work or average

* Promoted or
not promoted

* Chief cause of
non-promotion

Elem.

<Transportation at public
expense

Course—A, G,
C, V, Jr.

Graduated

High school

<Parent(s) visited school

<Teacher visited child's home

entheses, above days attended in your classroom,
d throughout the school year, adding in attend-
from which pupil was transferred to your room,
was transferred from your room.

Total

Pupils reported in Tables F1, F2, G, and H will equal the total number of pupils reported in Table A (items c + g) minus withdrawals in Table C for following reasons: W1, W2, W3, W4, W7, W13, and WG.

F1. Attendance*

Number of days attended	Number of pupils
0-19	
20-39	
40-59	
60-79	
80-99	
100-119	
120-139	
140-159	
160-179	
180 and over	
Total	d

F2. Transportation†

	Number of pupils
Transported at public expense	
Not transported at public expense	
Total	d

G. Enrollment in Courses in High School (Grades 7-12)

Course	Enrollment		
	Boys	Girls	Total
A—Academic			
G—General			
C—Commercial			
V—Vocational			
Jr.—Grades 7, 8, 9			
Total enrollment			d

H. Promotions and Non-Promotions

GRADE in which enrolled this school year	Number of pupils						Elementary pupils not promoted distributed by chief causes of non-promotion		
	Promoted		Not Promoted		Total*		Chief cause of non-promotion	No. not promoted	
	Boys	Girls	Boys	Girls	Boys	Girls		Boys	Girls
Nursery							R1—Personal illness		
Kgn., Jr. 1							R4—Irrregular attendance not due to illness		
1							R2—Late entrance except in Kgn. and Grade 1		
2							R2a—Late entrance and/or early withdrawal in Kgn. and First Grade		
3							R3—16 Years of age or over		
4							R5—Mental incapacity		
5							R6 and 10—Unfortunate home conditions and lack of interest		
6							R7—Inadequate knowledge of English		
el. 7							R8—Transfer from another school		
el. 8							Other causes		
Special class							Total		
Total elementary					u	v			
7 jr.									
8 jr.									
9 jr./I									
10/II									
11/III									
12/IV									
Post grad.									
Total high					u	v			
High school graduates									

Have cumulative cards for indiv. been brought up the year?

Have you had Teacher Assn. in connection school this year?

How many meetings been held this year?

No. of pupils sent(s) or guarded your classroom more times this year?

No. of pupils who you visited or times this year?

Do you expect to enter school this year?

* The number of days attended for each pupil reported upon will be the total days attended throughout the school year, whether in one room, in several rooms, or in several different schools.

† Pupils are to be counted as Transported at Public Expense if the County pays amount or a partial amount of the cost of transportation.

d For the Principal's Summary of Enrollment, Attendance, and Promotions, the Tables F1, F2, G, and H will equal item c in Table A minus withdrawals in W1, W2, W3, W4, W7, and W13.

u, v The items marked u and v in Table H on each teacher's report will equal respectively the sum of items a and e and b and f in Table A minus the withdrawals in Table W2, W3, W4, W7, W13, WG. For the Principal's Summary items u and v will equal respectively items a and A minus the withdrawals in Table C for W1, W2, W3, W4, W7, W13.

1a, 1b. ALL NOT HANDICAPPED NON-SCHOOL ATTENDANTS OF AGES 7 TO 16 YEARS

Name of boy	Name of parent	Home address	Date of birth			Age	Last grade completed	Employed	Not employed	Explanation of non-attendance	Name of girl	Name of parent	Home address	Date of birth			Age	Last grade completed	Employed	Not employed	Explanation of non-attendance
			Mo.	Day	Yr.									Mo.	Day	Yr.					
1b. ALL NOT HANDICAPPED NON-SCHOOL ATTENDANTS OF AGES 7 TO 16 YEARS											1a, 1b. ALL NOT HANDICAPPED NON-SCHOOL ATTENDANTS OF AGES 7 TO 16 YEARS										

DAILY REPORT OF PUBLIC HEALTH NURSING SERVICES

NURSE _____
COUNTY _____
DISTRICT _____
DATE _____

[illegible]

DAILY REPORT OF PUBLIC HEALTH NURSING SERVICES

DATE _____

[illegible]

MONTHLY REPORT OF PUBLIC HEALTH NURSING SERVICES

County: _____

Month and Year: _____

Territory Covered:* _____

Total Families under Care: _____

Nurse:* _____ **Total Hours on Duty:*** _____

Total Individuals under Care: _____[illegible]

Appendix B-5

#250 (Rev.10/51)

Page 1 of 6

MONTHLY STATISTICAL REPORT OF SERVICES

h. _____ Local department _____

SUMMARY OF REQUESTS FOR INFORMATION SERVICES

Type of request	Number of information services given during month
assistance:	
. Old age assistance	
. Aid to dependent children	
. Public assistance to the needy blind	
. Aid to permanently & totally disabled	
. General public assistance	
. General public assistance - Employables	
protective service for children	
foster care of children (Child's family, child or foster home)	
adoption service (Child's family, child or adoption home)	
service - Training Schools	
certification as to eligibility for care at State expense (All types of care)	
service at request of other agency:	
. Public assistance	
. Other	
local services	
unclassified	
total	

MONTHLY STATISTICAL REPORT OF SERVICES (CONT'D)

Month _____

Local department _____

SUMMARY OF ASSISTANCE

Status	I	II	III	IV	V	VI
	OAA	ADC	FANB	APTD	GPA	GPA-E
	Applications					
. Pending from preceding month						
. Total received during month						
. Total during month						
. Total disposed of during month						
a. Accepted for continuing service (grant approved)						
b. Otherwise disposed of						
. Pending at end of month						
a. Eligible, awaiting funds						
b. Other						
	Cases receiving continuing service					
. Receiving service at end of preceding month						
. Grants approved during month						
. Total during month						
a. Received assistance grants						
(1) Number of eligible children in ADC grants	XXX		XXX	XXX	XXX	XXX
(2) Number of eligible relatives in ADC grants	XXX		XXX	XXX	XXX	XXX
(3) Number of persons included in grants						
b. Received no grant						
. Grant cancelled during month						
. Receiving service at end of month						

Month

Local department

C. SUMMARY OF PROTECTIVE SERVICE, FOSTER CARE OF CHILDREN AND ADOPTION SERVICES

[illegible]

MONTHLY STATISTICAL REPORT OF SERVICES (CONT'D)

Month _____

Local department _____

D. SUMMARY OF SERVICE TO TRAINING SCHOOLS AND OF CERTIFICATIONS AS TO ELIGIBILITY FOR CARE AT STATE EXPENSE

Status	I	II	III	IV	V	VI	VII	VIII	IX
	Service - Training Schools			Certification as to Eligibility for Care at State Expense					
	After-care super- vision		Admission and discharge investiga- tions	General hospital care		Special type hospital care	State chronic hospital care		State mental hospital care
	Family	Individual		Recipients of assistance	Other than recipients of assistance		Request for admission	Request for recon- sideration	
Applications									
1. Pending from preceding month									
2. Received during month									
3. Total during month									
4. Disposed of during month									
a. Accepted for continuing service				XX	XX		XX	XX	
b. Certified and terminated	XX	XX	XX						
c. Otherwise disposed of									
5. Pending at end of month									
Cases receiving continuing service									
6. Receiving service at end of preceding month				XX	XX		XX	XX	
7. Added during month				XX	XX		XX	XX	
8. Total during month				XX	XX		XX	XX	
9. Service terminated during month				XX	XX		XX	XX	
10. Receiving service at end of month				XX	XX		XX	XX	

Month _____

Local department _____

E. SUMMARY OF SERVICES AT REQUEST OF OTHER AGENCIES AND LOCAL SERVICES

Status	I	II	III	IV	V	VI	VII	VIII	IX
	Service at Request of Other Agency				Local services (Specify)				
	Public assistance	GASI	Dependency investigations for Selective Service Board	Other	Baltimore City only				
					Protective service to adult delinquents	Child. committed-pri. care - No fin.respon.			
Applications									
1. Pending from preceding month									
2. Received during month									
3. Total during month									
4. Disposed of during month									
a. Accepted for continuing service									
b. Otherwise disposed of									
5. Pending at end of month									
Cases receiving continuing service									
6. Receiving service at end of preceding month			XXX						
7. Added during month			XXX						
8. Total during month			XXX						
9. Service terminated during month			XXX						
10. Receiving service at end of month			XXX						

[illegible]

CHILDREN SERVED OUTSIDE PARENTS' HOMES

[illegible]

* Check N if service to child outside parents' home was given for first time in month; R1 if previous service was given within year; R2 if last given in a prior year; T if child was transferred from another district.

CASEWORKER'S SUMMARY OF WORK SHEET

(Does not include last two columns, this side of sheet, under "whereabouts," etc.)

APPLICATIONS FOR SERVICE FOR CLIENTS					TOTAL	FINANCIAL ASSISTANCE IN THIS MONTH		No Public Assistance Cases		Public Assistance Also		
							Cases	Amount	Cases	Amount		
1. Made cases						14. Financial assistance		\$		\$		
2. Not made cases						15. Financial assistance, exclusive of foster care payments, included in 14						
3. Total applications (items 1 & 2)						16. Foster care payments included in 14						
					Children outside parents' homes	17. Homemaker service included in 14						
CASES OF SERVICE FOR CLIENTS						DAYS' CARE IN AGENCY'S FOSTER HOMES					Number of Days	
						18. Days' care provided during month to children reported in item 13						
4. Carried over from last month						a. Adoptive homes						
a. Item 10 of last month's report						b. Free homes other than adoptive						
b. Transferred from other workers within district						c. Boarding homes						
c. Transferred to other workers within district						d. Work or wage homes						
d. Item 9a plus and minus transfers						e. Total (a + b + c + d)						
e. Brief-service reclassified as continued service												
f. Carried over as counted this month												
						WHEREABOUTS ON LAST DAY OF MONTH						
5. Service inaugurated						19. Total children outside their parents' homes on last day of month (same as item 10, column 2)						
a. New to agency						20. Children receiving service primarily from reporting agency						
b. Reopened, last closed prior to this year						a. In homes of relatives other than parents						
c. Reopened, last closed within this year						b. In agency's foster homes						
d. Transferred from other districts						1. Adoptive homes						
e. Total (a + b + c + d)						2. Free homes other than adoptive						
						3. Boarding homes						
6. Total open during month (items 7 + 8d = 6)						4. Work or wage homes						
						5. Total (1 + 2 + 3 + 4)						
7. Active at any time during month (carried over active + total intake)						c. In agency's own institution						
						d. Elsewhere						
8. Inactive throughout month						e. Total (a + b5 + c + d)						
a. Needing but not receiving attention					xxx							
b. Inactive according to plan					xxx							
c. Waiting only for formal closing					xxx							
d. Total inactive (a + b + c)					xxx							
						CASES OF SERVICE FOR OTHER AGENCIES					Continued Active	
9. Outgo						21. Closed cases reported on					Intake	
a. Service terminated						22. Investigations for out-of-town agencies					Total Active	
b. Transferred to other districts						23. Total (21 + 22)						
c. Total outgo (a + b)												
						CASEWORK INTERVIEWS					With Clients	
10. Carried forward to next month (6 - 9c)						24. Outside office					Collateral	
						25. In office					Total	
						26. By telephone						
						27. Total						
SPECIAL REPORTS ON CHILDREN RECEIVING SERVICE DURING MONTH					Families	Children	ACTIVITY ON OTHER WORKERS' CASES					Total Active
11. Children outside homes of own parents active during month												
12. Children in homes of own parents who received individual consideration during month (exclude children reported in 11)												
a. Received pre-placement service												
b. Received protective service												
c. Other												
d. Total (a + b + c)												
13. Children in foster homes during month					xxx							

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE
Division on Community Clinics

MONTHLY SERVICE REPORT

MONTH YEAR

<u>Clinic</u>	<u>City</u>	<u>State</u>		
I. <u>Report of Case Load</u>		Adults	Children	Total
1. Cases carried over from last month		_____	_____	_____
2. Intake: a. New cases accepted		_____	_____	_____
b. Old cases reopened		_____	_____	_____
3. Total cases open at some time in this month		_____	_____	_____
4. Cases taken from service (closed)		_____	_____	_____
5. Cases carried forward		_____	_____	_____
6. Closed cases followed up (not reopened)		_____	_____	_____
II. <u>Provisional Service Classification - New Cases</u>				
(A corrected classification will be requested at the end of the calendar year.)		Adults	Children	Total
7. Treatment		_____	_____	_____
8. Diagnostic		_____	_____	_____
9. Consultation		_____	_____	_____
				<u>Total</u>
III. <u>Sources Referring New Cases</u>				
10. Agencies				_____
11. Schools				_____
12. Courts				_____
13. Private physicians				_____
14. Parents, relatives, self				_____
15. Other				_____
				<u>Total</u>
IV. <u>Summary of Work with or about Patients</u>				
<u>By psychiatrists:</u>				
16. Interviews with patients				_____
17. Interviews about patients				_____
<u>By psychologist:</u>				
18. Interviews with patients				_____
19. Interviews about patients				_____
<u>By social workers:</u>				
20. Interviews in clinic				_____
21. Interviews outside clinic				_____
22. Physical examinations by clinic staff members				_____
23. Number of cases given initial conference				_____

V. Personnel Report

Full time

Part time

Regular Staff: 24. Psychiatrists
 25. Psychologists
 26. Social Workers
 27. Clerical workers
 28. Other (specify)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff in Training: 29. Psychiatrists
 30. Psychologists
 31. Social workers

_____	_____
_____	_____
_____	_____

VI. Educational Services

32. TEACHING SEMINARS (Under this heading will come clinic staff seminars, teaching conferences, and associated activities that are closely related to clinic staff development. Do not include time spent in supervision of students or fellows in training.)

Number of Seminars

Conducted by

Professional Groups

33. EDUCATIONAL LECTURES (This would include lectures to interns, medical students, nurses, social workers, social work students, teachers, medical societies, professional conferences.)

Number of Lectures

Conducted by

Professional Group

34. POPULAR PRESENTATIONS (Included would be lectures to Parent-Teacher associations, luncheon clubs, women's clubs, church organizations, lay conferences.)

Number of Lectures

Conducted by

Name of Organization

35. PUBLICATIONS AND RESEARCH

APPENDIX C

REPORTS PUBLISHED REGULARLY ABOUT CHILDREN
AND THEIR FAMILIES

YOUR COUNTY SERVICES

128

Appendix G-1



COUNTY MANAGER'S ANNUAL REPORT
1952

COUNTY COUNCIL

LATHROP E. SMITH, President

KATHRYN J. LAWLOR, Secretary
STELLA B. WERNER
HAROLD F. HAMMOND

GEORGE F. NESBITT, President Pro Tem
J. LOUIS MONARCH
GROVER WALKER

DAVID MACDONALD, County Attorney

DAVID CAHOON, Clerk to County Council

ADMINISTRATIVE OFFICIALS

IRVING G. McNAYR, County Manager

MASON A. BUTCHER,
Director of Public Works

A. MORTON THOMAS, JR.,
Director of Inspection and Licenses

DR. V. L. ELLICOTT,
County Health Officer

WILLIAM E. ROYER,
Director of Welfare

GEORGE B. MORELAND,
Director of Public Libraries

ALEX K. HANCOCK,
Director of Finance

ARTHUR E. MILLER,
Director of Public Safety

FOREST GUSTAFSON,
Director of Recreation

DR. EDWIN BROOME,
Superintendent of Schools

JAMES F. ERVIN,
Director of Liquor Control

COURT OFFICIALS

(Elected)

CIRCUIT COURT

CHARLES W. WOODWARD, Chief Judge

STEDMAN PRESCOTT, Judge

CLAYTON K. WATKINS, Clerk

ORPHANS' COURT

MILLWARD C. TAFT, Chief Judge

WILLIAM T. PAGE, Judge

CHARLES H. SQUIRE, Judge

WALTER C. CLARK,
Ex Officio Clerk and Register of Wills

(Appointed by Governor)

JUVENILE COURT

ALFRED D. NOYES,
Magistrate for Juvenile Causes

TRIAL MAGISTRATES

WALTER H. MORMAN
J. FENDALL COUGHAN
OSCAR J. SEE

OTHER COUNTY OFFICIALS

(Elected)

SHERIFF

CHARLES S. LAWRENSEN

SURVEYOR

ROBERT K. MADDOX

STATE'S ATTORNEY

WALTER W. DAWSON

(Appointed by Director of Extension Service of the University of Maryland)

HOME DEMONSTRATION AGENTS

ETHEL L. BIANCHI
EDYTHE TURNER

COUNTY AGRICULTURAL AGENTS

OTTO W. ANDERSON
ONNIE L. PRIVETTE

(Appointed by the Maryland Postmortem Examiner's Commission)

DEPUTY MEDICAL EXAMINER (Coroner)

DR. F. J. BROSCART

MESSAGE FROM THE MANAGER



IRVING G. McNAYR

This is your County Manager's fourth annual report to the County Council as required by the Charter of the Montgomery County Government.

This report depicts, through the use of factual text supplemented by graphic pictures and charts, the services provided residents of the County by agencies of the County Government. Persons desiring additional information on these services may obtain it by requesting copies of departmental annual reports.

The population of Montgomery County has increased from 135,000 (est.) in 1949 to an estimated 210,000 in 1952. This phenomenal growth, with its resultant problems, has created many demands which have been met by providing adequate and economical facilities and services.

Through sound organization the policies and programs of the County Council were carried out effectively during 1952. This was made possible by the cooperative efforts of officials and employees of County, Bi-County, and State Agencies, and citizen advisory groups, working for the best interests of the residents of Montgomery County.

Our local government is recognized throughout the country as an outstanding example of good government. We shall endeavor to continue to deserve this reputation.

A handwritten signature in dark ink, reading "Irving G. McNayr". The signature is written in a cursive, flowing style.

IRVING G. McNAYR,
County Manager.



KATHRYN J. LAWLOR
Secretary



LATHROP E. SMITH
President



GEORGE
President



J. LOUIS MONARCH



HAROLD F. HAMMOND



GROVER K. WALKER



STELLA B. WERN

COUNTY COUNCIL

Operating Expenditures \$13,600
\$.06 Per Capita *

COUNTY MANAGER

Operating Expenditures \$29,838
\$.14 Per Capita

The County Council, comprised of seven elected members—one from each of the five council districts and two at large—was established as the legislative body of the Montgomery County Government in 1948. Representing all sections of the County, the Council by weekly public meetings heard interested citizens on all matters of public interest. Through determination of policies and programs the Council responded to the desires and needs of the residents of the County.

During 1952 the Council held 144 regular and special meetings; passed 692 resolutions; and heard 97 rezoning applications. At its annual May Legislative Session the Council passed 18 bills, the most important of which were:

Parking Lot District Act

Act Authorizing \$9,588,000 Bond Issue

Act Establishing County Board of Appeals.

Only \$13,600 was expended for this conscientious representation of the people's interest.

The County Manager, appointed by the Council, as the administrative officer of the County Government, was responsible for coordinating and directing the work of all staff offices and departments in carrying out programs and policies determined by the Council. The County Manager selected well qualified specialists to staff offices and departments so that the necessary services would be provided in an efficient and economical manner. This method of administering County services provided the residents of Montgomery County with improved services for each tax dollar expended, notwithstanding rising costs and rapidly increasing population.

* The per capita figure used throughout this report is based on a population of 210,000.



TO COUNTY COUNCIL

Operating Expenditures \$30,510
\$.15 Per Capita

The Clerk to the County Council prepared the agenda for 144 Council meetings and scheduled 62 hearings. The Clerk attended Council meetings and hearings, and wrote opinions involving 97 rezoning applications. Thousands of questions by the public relating to Council actions were answered.



THE CLERK ANSWERING A CITIZEN'S INQUIRY

COUNTY ATTORNEY

Operating Expenditures \$40,119
\$.19 Per Capita

The County Attorney and his staff represented the County in 10 court cases involving violation of County ordinances, and in approximately 45 civil cases; handled collection of numerous unpaid personal property tax amounts and claims for reimbursement for the cost of vital hospital care; represented the Appeal Tax Court in several appeals to the State Tax Commission; drafted 23 resolutions and 3 resolutions for the County Council's May Legislative Session; prepared or reviewed approximately 25 ordinances, rules and regulations for submission to the Council; reviewed all resolutions submitted to the Council by the County administrative agencies; prepared ten bills for submission to the County delegation to the Maryland General Assembly; assembled and edited the Laws of Montgomery County 1952, and the 1952 Supplement to the Montgomery County Code; prepared or reviewed all deeds, leases, contracts and performance and surety bonds in which the County was involved; and answered daily requests for legal opinions from every department and agency of the County government.



COUNTY ATTORNEY'S STAFF DISCUSSING CASE

PURCHASING

Operating Expenditures \$18,008
\$.09 Per Capita

Under the direct supervision of the County Manager the Purchasing Office, through award of bid contracts, purchased goods and services in the amount of \$5,149,227 through 1,000 separate transactions. This centralized purchasing system resulted in substantial savings through systematic and economical procurement of high quality goods and services.



DISTRIBUTING SUPPLIES FROM CENTRAL WAREHOUSE



PERSONNEL BOARD EXAMINING POLICE APPLICANT



PERSONNEL STAFF KEEPING RECORDS UP-TO-DATE

Page 4



PERSONNEL OFFICE

**Operating Expenditures \$19,299
\$.09 Per Capita**

During 1952, the County Personnel Board, with the assistance of its Executive Secretary, the County Manager and his Personnel Assistant, continued to further strengthen the County Merit System through the continuance of adoption of economical, flexible, and progressive personnel policies and procedures for the protection and benefit of both the taxpayer and the employee.

Some of the year's personnel activities and accomplishments included the following:

- 62 County Personnel Board meetings and hearing
- 61 police applicants interviewed and rated by Board
- 783 applicants interviewed
- 624 examinations given
- 164 positions classified and reclassified
- 87 personnel job descriptions, announcements, and bulletins written and distributed
- 12 personnel research studies made.

Other activities and accomplishments were reduction of turnover rate by more than 50%; adoption of a new salary schedule for all employees; adoption of a new pay plan for police employees; and the administration of an in-service training program.

BRANCH ADMINISTRATIVE OFFICES

As a convenience to the 85% of the population who live in the suburban area, two Branch Administrative Offices were maintained to assist citizens with their public service needs. These offices, located at Wisconsin and Montgomery Avenues in Bethesda and at Georgia Avenue and Trinity Place in Silver Spring, handled more than 65,000 service calls on road maintenance, sewer drainage traffic problems, tree care, street cleaning, and other County activities.

CONFERENCE COURSE IN TECHNIQUES OF MUNICIPAL ADMINISTRATION

PLANNING

The Planning Office, under the direction of the County Engineer, as the technical aide of the Upper Montgomery County Planning Commission, carried out its planning mission for the development of Montgomery County outside the jurisdiction of the Maryland-National Capital and Planning Commission by conducting 6 surveys and master plan studies; preparing 3 drafts of zoning ordinances; attending 43 meetings with citizen groups; holding 26 regular Commission meetings.

COUNTY JAIL

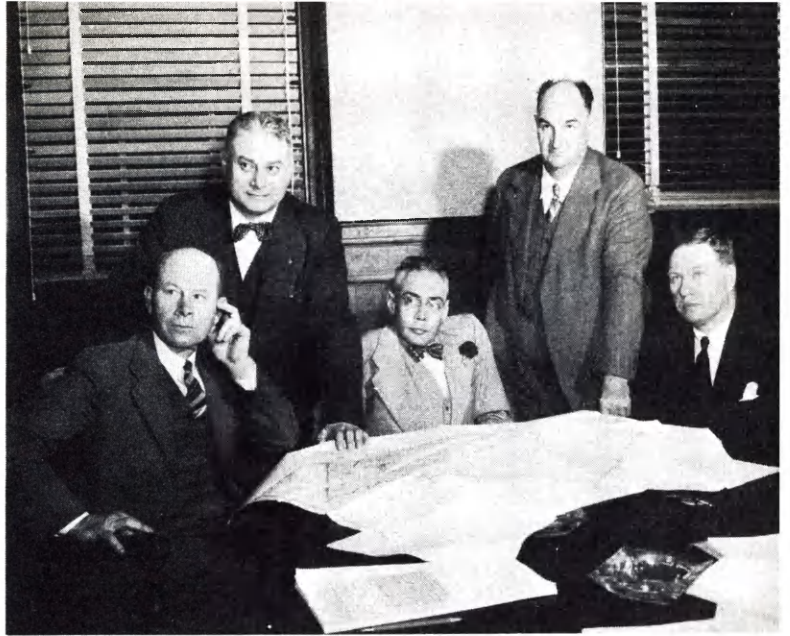
Operating Expenditures \$37,728
\$.13 Per Capita

During 1952, 2,278 prisoners were committed to the County Jail. As a result of improved administration during the past years, the County Jail is now recognized by the Federal Bureau of Prisons as one of the best operated County Jails in the United States.

PRINTING

Operating Expenditures \$10,436
\$.05 Per Capita

The centralized duplicating and printing service provided by the Printing Office resulted in a saving of approximately 40% in printing costs of the County during 1952.

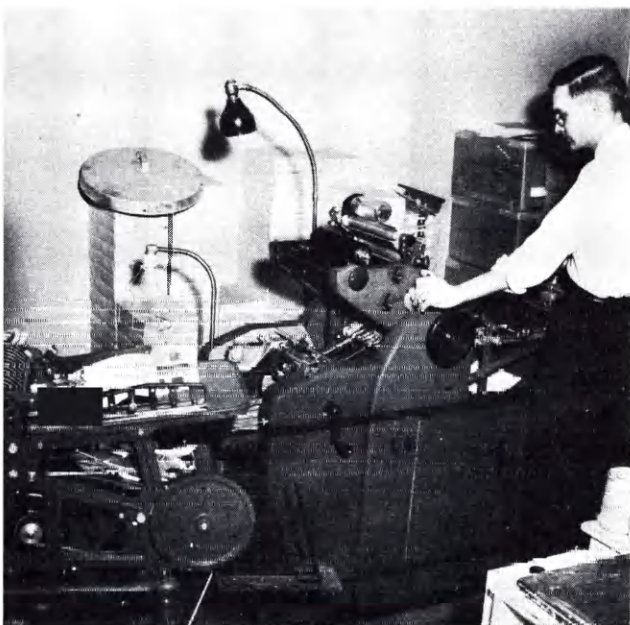


UPPER MONTGOMERY COUNTY PLANNING COMMISSION

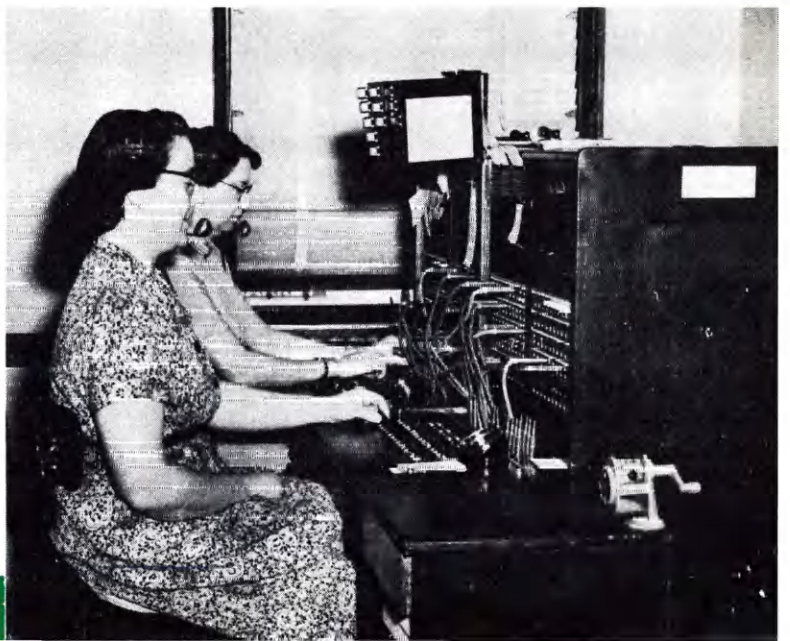


CHECKING IN A PRISONER

ANSWERING YOUR CALLS



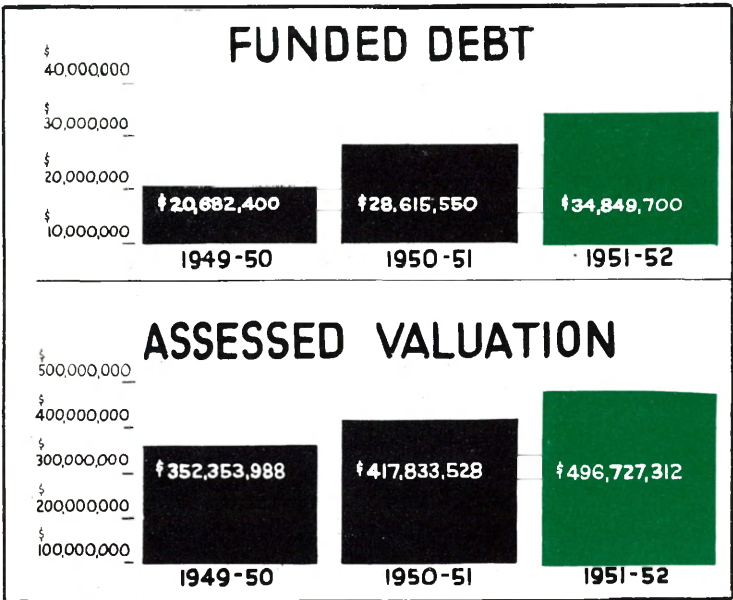
CENTRALIZED DUPLICATING SERVICE



DEPARTMENT OF FINANCE

Operating Expenditures \$309,398
\$1.47 Per Capita

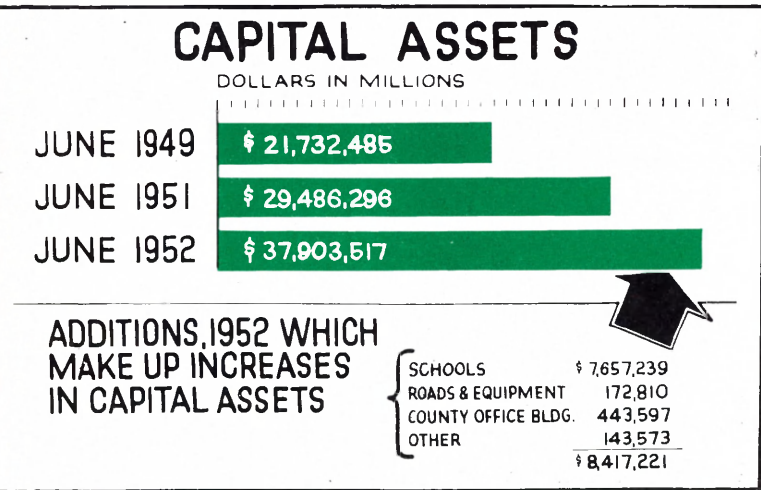
In order to more efficiently handle financial administration for the County, the Director of the Department of Finance coordinated the activities of its three Divisions—Assessments, Revenue and Disbursements, and Accounts.



Accounts

Operating Expenditures \$81,160
\$.39 Per Capita

During the year a total of 1,500 different accounts were posted, audited and serviced daily.



Revenue and Disbursements

Operating Expenditures \$67,869
\$.32 Per Capita

This division handled 219,000 transactions during the year, including the drawing of 27,500 checks in payment for services rendered to the County.



POSTING YOUR ACCOUNTS

YOUR TAX DOLLAR	
RECEIVED \$13,282,251	SERVICES PURCHASED \$13,282,251
Cents of Your Dollar From	Cents of Your Dollar For
Real Estate Taxes .68 83	Education
Personal-Other Taxes .17 18	Public Safety
Licenses-Fees .04 74	Public Works
Liquor Control Profits .05 08	Debt Service
Grants-Charges-Fines .02 68	Public Health
Surplus Funds .01 49	Finance
\$1.00	Miscellaneous
	Welfare
	Public Libraries
	Courts-State Offices
	Inspections & Licenses
	Legislative-Executive
	Elections
	Law
	Extension Service
	Planning
	Personnel
	Recreation
	Zoning Appeals



DETERMINING PROPERTY VALUE



APPEAL TAX COURT HEARING

Assessments

Operating Expenditures \$103,779
\$.49 Per Capita

Under the direction of the Supervisor of Assessors, the Division of Assessments, pursuant to the provisions of State Law and regulations of the State Tax Commission, assessed 4,000 new properties and reassessed 33,000 other properties in the fourth cycle of the five year assessment schedule. The assessable base increased during the calendar year 1952 from \$445,000,000 to \$522,000,000.

Since 1940 the population of Montgomery County has increased from 82,000 to 210,000 (approximately) with resultant changes in assessed valuations and funded debt.

APPEAL TAX COURT

Operating Expenditures \$8,545
\$.04 Per Capita

Of 37,000 property owners who received assessment notices, 2,240 believed their assessments were inequitable, and appealed to the Council-appointed Appeal Tax Court of three members. The Court heard and rendered decisions on 1,570 cases.

DEPARTMENT OF PUBLIC WORKS

Operating Expenditures \$932,608
\$4.44 Per Capita

Through its Divisions of Highway Engineering, Highway Construction, and Traffic Engineering, the Department of Public Works, to keep pace with the rapid growth of the County:

- Constructed 4.1 miles of new roads
- Reconstructed 18.1 miles of existing roads
- Maintained 853 miles of existing roads
- Installed 3.8 miles of storm drainage
- Constructed 4.6 miles of new sidewalks
- Installed 12.7 miles of curbs and gutters
- Built 1 new bridge
- Supervised construction of 112.8 miles of new subdivision roads, curbs, gutters, sidewalks, and storm drainage.

PUBLIC WORKS

MILES		
NEW	1949	3.5
	1952	14.1
MAINTENANCE	1949	.04
	1952	3.8
AND RECONSTRUCTION	1949	1.0
	1952	12.7
SIDEWALKS	1949	.2
	1952	4.6

Roads And Streets Maintained

MILES										
	100	200	300	400	500	600	700	800	900	
1949										749 MILES
1952										853 MILES

WIDENING THE ROADS





VULCANIZING SIGNS FOR LONGER SERVICE



INSTALLING TRAFFIC SIGNALS FOR CONTROL AND SAFETY



SURVEYING FOR ROAD LOCATION

Through its Division of Traffic Engineering and Division of Trees and Street Cleaning, the Department continues its efforts to enhance the beauty and improve the health and safety of the County and its streets by:

- Conducting 30 traffic safety surveys
- Installing 650 traffic signals, signs and road markers
- Authorizing installation of 1,192 street lights
- Cleaning 1,600 miles of residential streets and providing daily cleaning of streets in business districts
- Removing 3,000 tons of trash
- Caring for 20,000 trees
- Spraying 7,000 trees for insect control
- Planting 3,800 new trees in public right of way.

County buildings were kept clean and attractive; depreciation minimized by a comprehensive janitorial maintenance program carried on by the Division of Buildings.



MAINTAINING COUNTY BUILDINGS



REPAIRING EQUIPMENT FOR LONGER USE

MENT OF INSPECTION AND LICENSES

Operating Expenditures \$186,439
\$.88 Per Capita

During the year the Department of Inspection and Licenses continued its program of administering and enforcing regulatory ordinances by conducting inspections and issuing licenses.

Among the ordinances administered and enforced were:

g	Electrical	Building
Coach Park	Dog and Cat	Hospital
	Huckstering	Taxicabs
	Entertainment	Private Schools
	Nursing Homes	

Other departmental activities included:

400 building inspections

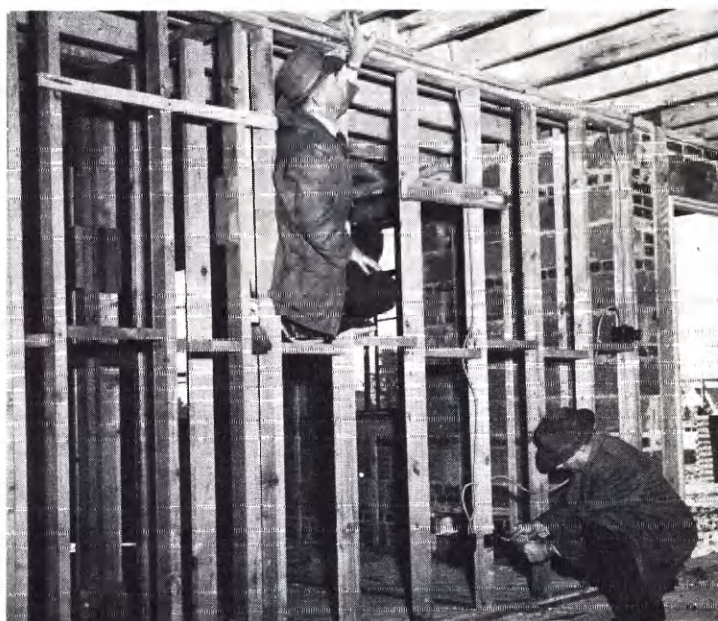
240 electrical inspections

1087 licenses and permits issued

To insure uniformity and accuracy in weights and measures throughout the County, 14,246 measuring devices were inspected in 1,416 places of business, including gasoline stations, bulk plants, and fuel oil trucks. \$14,637 were collected from license and permit fees.



CHECKING PLANS FOR CODE REQUIREMENTS



BUILDING AND ELECTRICAL INSPECTION



CORRECT WEIGHT GUARANTEED!



HACKER PERMIT INSPECTION

COUNTY BOARD OF APPEALS

Operating Expenditures \$91,659
\$.04 Per Capita

During 1952, the Board of Zoning Appeals was abolished and the County Board of Appeals was established and began operating on August 15, 1952. Composed of three members, the County Board of Appeals heard and decided appeals for variances and special exceptions under the zoning ordinance, building code, other regulatory ordinances, and licensing regulations.

Before its abolishment, the Board of Zoning Appeals heard and decided 57 cases under the Zoning Ordinance in 1952. During the latter part of the year the County Board of Appeals heard and decided 37 cases.

DEPARTMENT OF PUBLIC SAFETY

Operating Expenditures \$1,059,041
\$5.04 Per Capita

Protection of life and property was provided by the Department of Public Safety through its divisions of Police Protection, Fire Protection, and Civil Defense.

Police Protection

Operating Expenditures \$945,229
\$4.50 Per Capita

During 1952 there were 3,649 arrests for law violations of all kinds (excluding traffic violations) with 81.8% resulting in convictions.

During the year there were 2,290 traffic accidents with the loss of 15 lives, injury to 770 persons, and property damage in the amount of \$707,800. Of 16,325 traffic violation charges 88.3% resulted in conviction or forfeiture.

The Montgomery County Police Force is one of the most progressive, best trained, and best equipped organizations of its kind in the United States. A complement of 165 men were provided with the most modern police equipment available for the protection of life and property. The following tabulation gives an indication of some of the services provided:

- 4,100,000 miles patrolled
- 1,164,240 man hours of police protection
- 31,500 man hours of school crossing protection
- 26,800 complaints and calls for assistance, received and handled.

Through the efforts of citizens, the Traffic Safety Committee, the Traffic Engineering Division of the Department of Public Works, the Accident Prevention Units and regular patrol cars, losses of life and property were kept to a minimum.



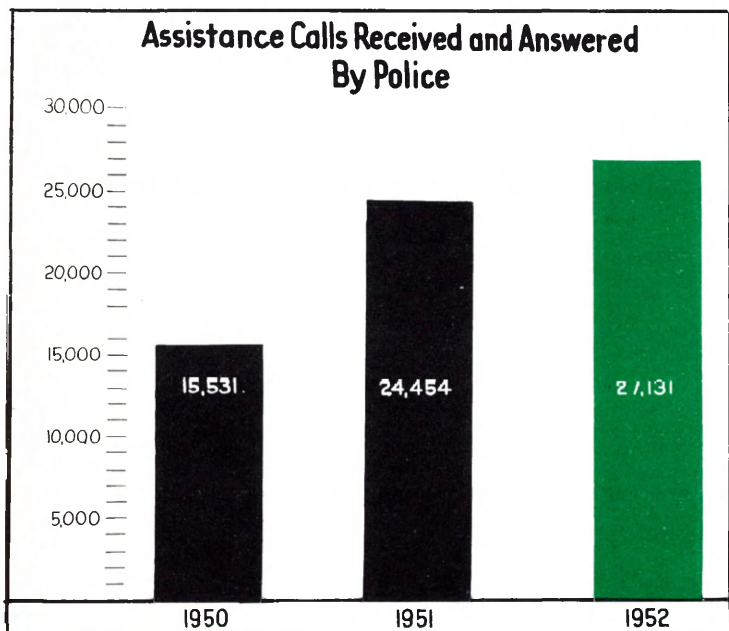
CALLING A PATROL CAR



PROTECTING PROPERTY



INTERROGATING A PRISONER



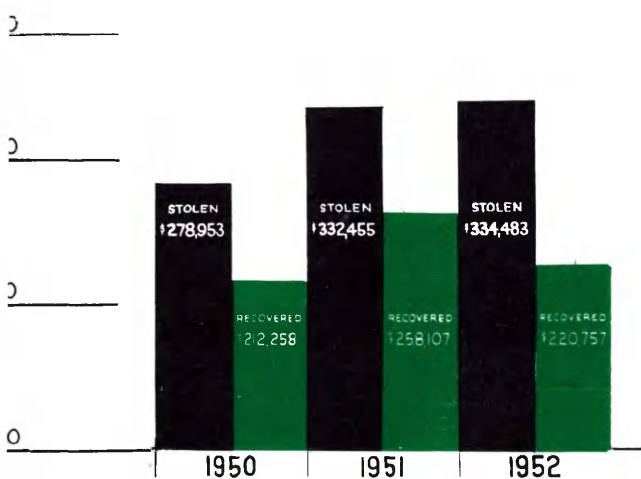


INVESTIGATING AN ACCIDENT



NO PARKING!

Property Stolen-Recovered By Police



PREVENTING FIRES

Fire Protection

Operating Expenditures \$70,587
\$.33 Per Capita

This Division has three Fire Prevention Inspectors, who, under the direction of the Fire Marshall, inspected 2,388 buildings; inspected 449 business establishments handling inflammable materials before issuing licenses; and conducted a continuous fire safety program to acquaint both children and adults with fire hazards and simple methods of fire prevention and control. Fire fighting and rescue work were provided through the 15 volunteer and paid fire departments and rescue squads who derived their support from voluntary contributions by citizens, from special fire tax areas, and from County supplements in the amount of \$500 per piece of equipment per year, to a maximum of \$1,500 for any one fire department.

Civil Defense

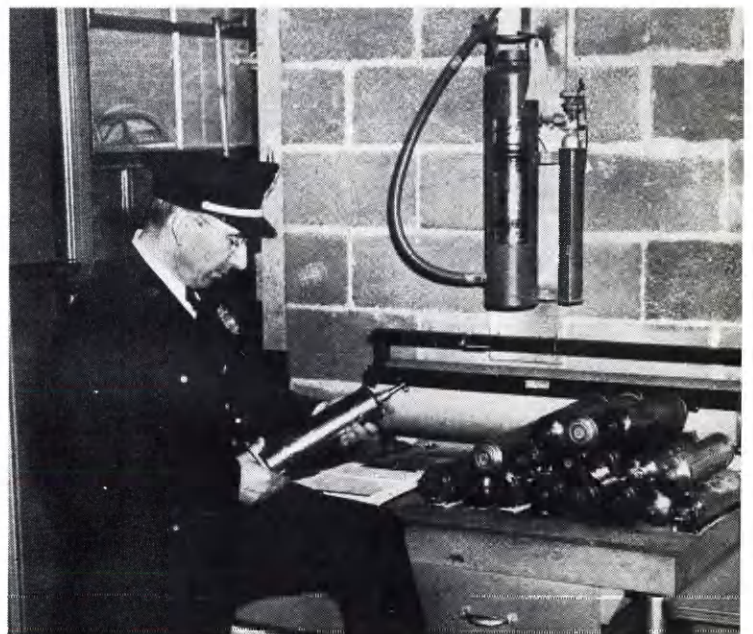
Operating Expenditures \$30,000
\$.14 Per Capita

During the year volunteer workers were recruited and trained by the Director of this Division. Training classes in Civil Defense techniques were given to interested citizen groups.

Under the direction of the County Manager, departments and agencies of the County Government were assigned civil defense duties and responsibilities and were organized and trained to meet any disaster which might strike this area.



RECEIVING AND SENDING A FIRE ALARM



DEPARTMENT OF PUBLIC HEALTH

Operating Expenditures \$324,567
\$1.54 Per Capita

The Department of Public Health carried out its program through the coordinated efforts of its five divisions: Clinical Services, Nursing Services, Tuberculosis Control, Sanitation, and Laboratory Services.

Clinical Services

Operating Expenditures \$49,917
\$.73 Per Capita

Twelve Health Center Clinics, located throughout the County, were open approximately 3,000 hours to provide clinical services to County residents. During the year 19,100 examinations were given, including employee entrance, pre-natal, dental, and crippled children.

Nursing Services

Operating Expenditures \$172,675
\$.82 Per Capita

Twenty-six Public Health nurses made 15,042 visits to homes of needy persons throughout the County to give nursing service. Eight school nurses, assisted by other Public Health nurses, supervised health needs of school children.

Tuberculosis Control

Operating Expenditures \$27,213
\$.13 Per Capita

Through the combined efforts of the Tuberculosis Association and the Division of Tuberculosis Control 36,130 persons were X-rayed. Approximately 2,500 persons were under the medical supervision of this Division.

Sanitation

Operating Expenditures \$32,772
\$.15 Per Capita

The high level of healthful environmental conditions was maintained through educational and inspectional activities of County Sanitarians. Schools, dairy farms, restaurants, grocery stores, and many other types of establishments were inspected. Corrective action was needed and taken in 1,195 cases arising from 6,764 inspections.

Laboratory Services

Operating Expenditures \$10,648
\$.05 Per Capita

More economical and effective health protection and health services were attained by the continued operation of a centralized laboratory service. This division received 10,175 specimens on which 25,393 examinations were performed.



DISCUSSING A HEALTH PROBLEM



VISITING NURSE



INSPECTING FOR CLEANLINESS

DEPARTMENT OF PUBLIC LIBRARIES

Operating Expenditures \$233,921
\$1.11 Per Capita

During this first full calendar year of operation, the Bethesda Library joined the Department. By joint contribution of funds by the Bethesda Public Library Association and the County, a building was erected and opened to the use of all County residents on November 10, 1952. The three bookmobiles began operation in January and February and regularly visited 74 elementary schools (public and private) and 41 communities during the year bringing 265,319 books. More books were borrowed from the bookmobile service alone than were borrowed from all libraries in the County in 1950. The Department, through its 8 libraries and 3 bookmobiles:

circulated to
52,500 borrowers
49,119 books valued at more than \$2,000,000
applied 17,369 special requests for specific books and subjects
loaned its projector and films to 107 organizations, reaching a total audience of 5,550
answered more than 125,000 reference and informational questions
added 39,124 books to its collection by purchase and 22,214 by gift of the Bethesda collection, bringing the total collection to 112,284.

More books were borrowed from the bookmobile service alone than were borrowed from all the libraries in the County in 1950.

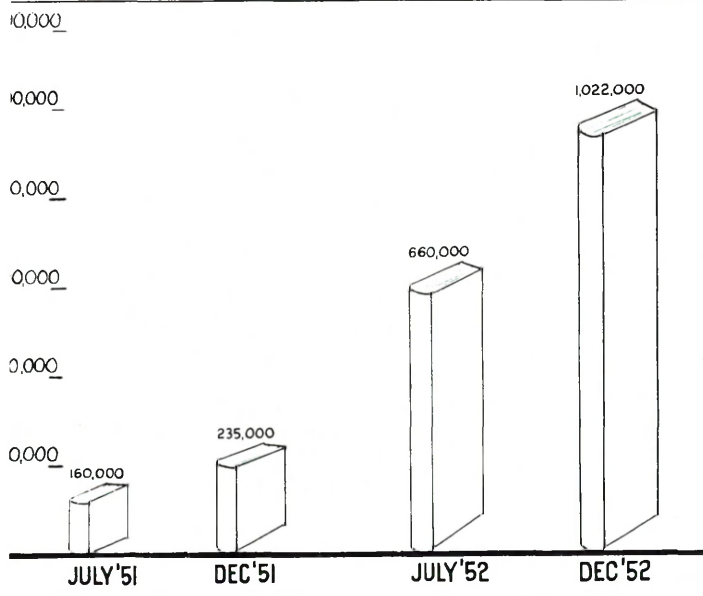


BORROWING BOOKS FOR THE WHOLE FAMILY



CHOOSING THE BEST BOOK TO TAKE HOME

Annual Circulation of Library Books



DEPARTMENT OF RECREATION

Operating Expenditures \$18,000
\$.09 Per Capita

Through the cooperative efforts of the Recreation Board and the newly appointed Director of Recreation a County-wide survey of recreational facilities and needs was made. The recreational staff assisted groups throughout the County in organizing recreation programs.

BOARD OF EDUCATION

Operating Expenditures \$6,536,618
\$31.12 Per Capita

The Board of Education continued to maintain adequate educational facilities and a high level of instruction for the rapidly increasing school population.

Facilities and services necessary to carry out this program of education from kindergarten through Junior College included:

- 76 Schools
- 1,492 school rooms
- 1,321 teachers
- 674 administrative, clerical; and other employees
- 34,286,220 hours of instruction
- 128 school buses
- 500,000 miles travelled by school buses.

In the November Election, candidates were elected to the Board of Education for the first time and will take office in 1953.



LEARNING TO TYPE



KEEPING SCHOOL BUSES ROLLING



ACQUIRING DIETARY KNOWLEDGE FOR HEALTHFUL LIVING



ON THE WAY TO SCHOOL



A USEFUL HOME SKILL



ANIMAL HUSBANDRY

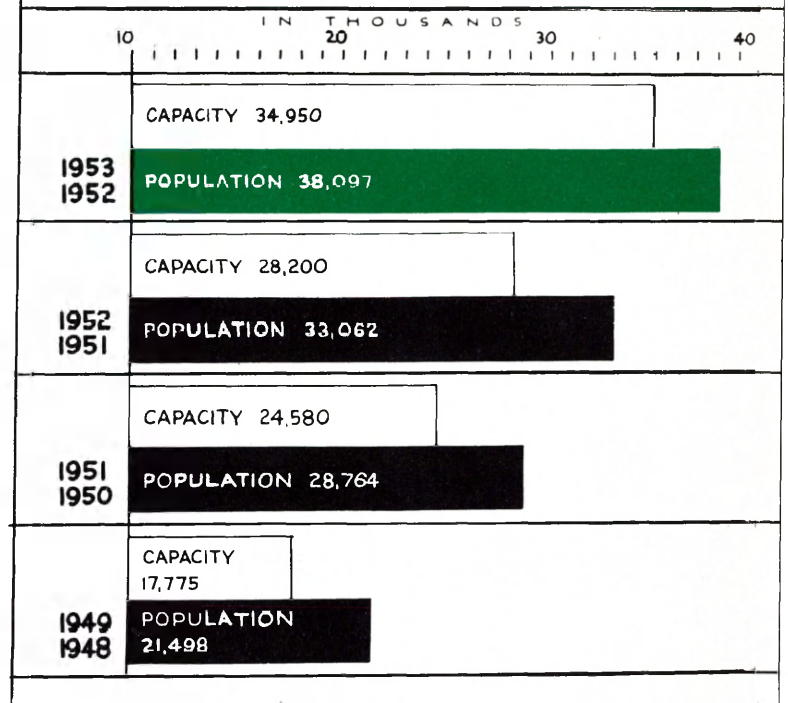


SCIENCE STUDIES



GOING SAFELY HOME

School Population And Capacity



DEPARTMENT OF PUBLIC WELFARE

Operating Expenditures \$240,613
\$1.14 Per Capita

The Department of Public Welfare continued to give help to needy persons who applied for assistance.

Types of assistance given included:

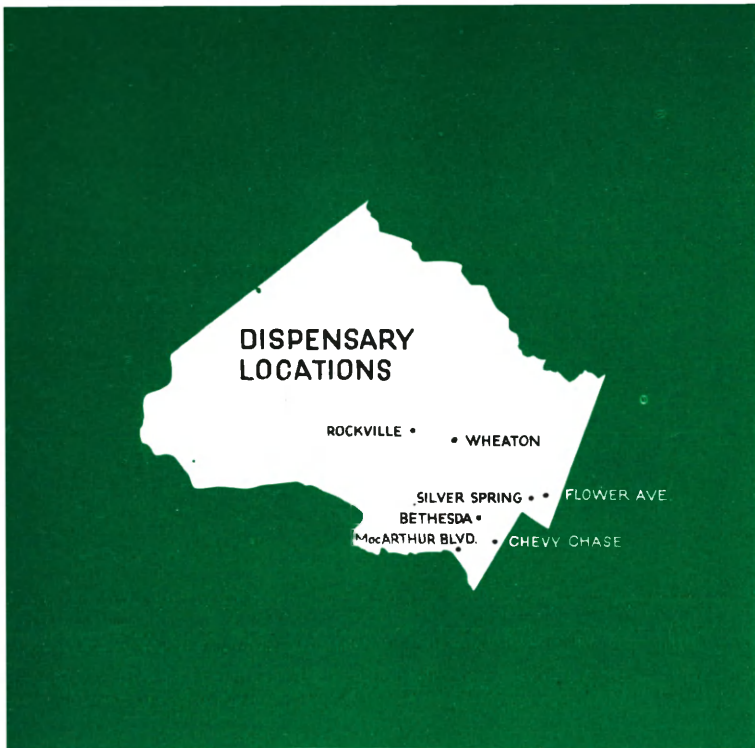
Aid to Dependent Children	Old Age assistance
Aid to the Needy Blind	Foster care and adoption
Aid to the Disabled	Hospital care
General Public Assistance	

Some of the services of the Department included:

- 8,508 home visits by social workers
- 4,872 office interviews
- 944 cases assisted financially
- 868 cases were provided with hospital care.

ANNUAL MEETING OF FOSTER PARENTS





DISPENSARY LOCATIONS

ROCKVILLE • WHEATON
SILVER SPRING • FLOWER AVE.
BETHESDA •
MACARTHUR BLVD. • CHEVY CHASE

DEPARTMENT OF LIQUOR CONTROL

The Department of Liquor Control completed its first full year of operation as a Department of the County Government. It controlled the distribution and sale of all alcoholic beverages to authorized licensees and individuals within the County.

The gross sales of the Department amounted to \$6,988,072. From these sales there was a net profit of \$730,184. This net profit enabled the County Government to reduce its required tax rate by approximately 15 cents.

OTHER COUNTY AGENCIES

Home Demonstration

Operating Expenditures \$10,815
\$.04 Per Capita

The Home Demonstration Agent and her staff further developed the program of teaching home skills and handicrafts to the 1,213 members of the 48 Homemakers Clubs.



Agricultural Extension Service

Operating Expenditures \$12,694
\$.05 Per Capita

In developing and improving the agricultural economy and life of the rural areas of the County, the County Agricultural Extension Service and his staff engaged in the following activities:

1419 farm visits
420 meetings and demonstrations conducted
22,518 persons attended these meetings
5,400 agricultural bulletins distributed
313 news articles and radio talks prepared

These activities were cooperatively sponsored and supported by funds from County, State and Federal Governments.



AT THE COUNTY FAIR

Elections

Operating Expenditures \$98,194
\$.47 Per Capita

The Board of Supervisors of Elections and the Board of Permanent Registry jointly administered the laws and regulations for the registration of voters and for the conduct of elections.

Citizen interest in elections increased tremendously in 1952, resulting in the addition of 35,184 names to the list of registered voters.

In the November election 87.52% of eligible voters cast their ballots, a percentage well above the national average.



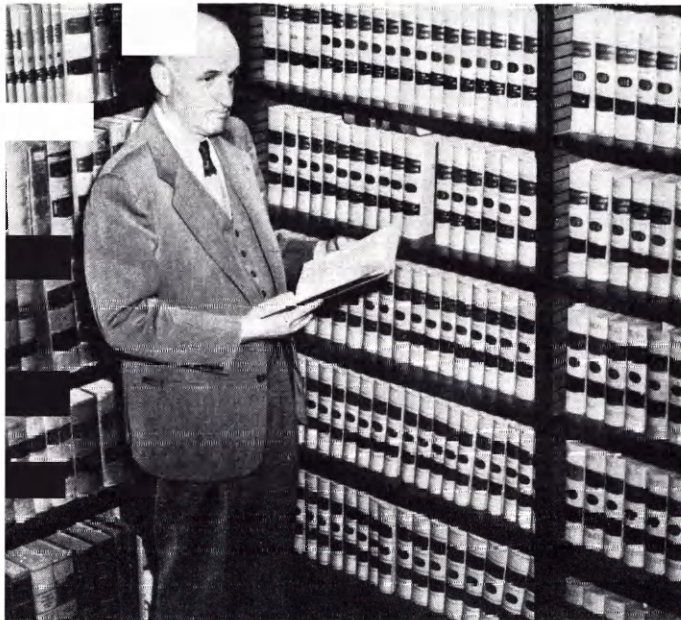
SHOWING A NEW RESIDENT HIS VOTING DISTRICT AND PRECINCT

State's Attorney

Operating Expenditures \$25,833
\$.12 Per Capita

The State's Attorney, who is elected for a four year term, prosecutes in criminal cases and represents the State in other litigation. Some of the activities of the State's Attorney and his staff were the following:

205 informations and indictments handled
174 trials of informations and indictments.



STATE'S ATTORNEY

Sheriff

Operating Expenditures \$45,190
\$.22 Per Capita

The primary duty of the sheriff, who is elected for a four year term, is to serve summonses and subpoenas for the Circuit Court and the Trial Magistrate Courts. During 1952 the Sheriff and his deputies served 6,731 subpoenas and summonses and carried out 768 other legal actions as directed by the courts. This represented an increase in workload of 13.5% over 1951.

Circuit Court

Operating Expenditures \$29,330
\$.14 Per Capita

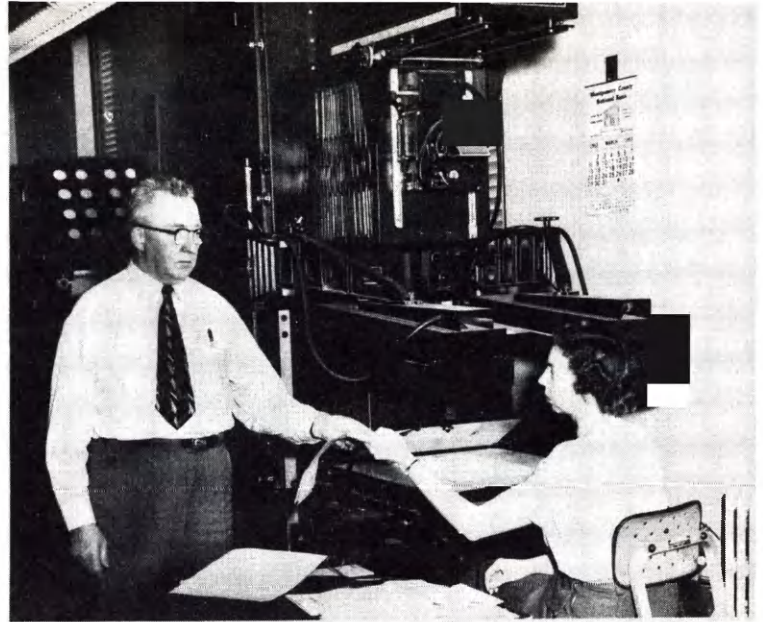
Montgomery County and Frederick County comprise the 14th Judicial Circuit which is presided over by three judges elected for terms of fifteen years. Two of the three judges sit in Montgomery County and have exclusive jurisdiction over major offenses and appellate jurisdiction over misdemeanor cases.

Cases handled during the year 1952 were:

1,141 civil
338 criminal
1,011 equity

The case load of these two judges has increased from 2,444 in 1946 to 2,490 cases in 1952.

ORPHAN'S COURT IN SESSION



PHOTOSTATING VITAL RECORDS

Clerk of the Circuit Court

Elected for a four year term the Clerk of the Circuit Court also serves as the Recorder of Deeds for the County. During 1952 the Clerk's office issued 3,145 State required licenses and recorded 40,451 deeds, mortgages, and other legal instruments in addition to other duties.

Orphan's Court

Operating Expenditures \$7,228
\$.03 Per Capita

Elected for four year terms, three judges make up the Orphan's Court (Probate Court) which has jurisdiction in matters concerning estates, wills, and guardianships.

During 1952 the Court held 132 sessions and handled 400 cases requiring 1,800 appearances.

Revenue during 1952 to the State from this Court was \$179,906 as compared to \$170,495 for 1951. Appraised value for personal property and real estate administered by the Court was \$10,322,625 as compared to \$8,026,283 in 1951.

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Register of Wills

Operating Expenditures \$7,228
\$.03 Per Capita

The Register of Wills, who is elected for a four year term, also serves as Clerk of the Orphan's Court.

This office during the year handled:

379 wills

51 cases concerning guardianships



RECORDING WILLS

Trial Magistrates Court

Operating Expenditures \$38,828
\$.42 Per Capita

There are four Trial Magistrates appointed by the Governor. One of these, the Trial Magistrate for Juvenile Cause, is by State Law in charge of the Juvenile Court.

A Juvenile Court Committee, appointed by the County Council, advises the Magistrate for Juvenile Causes in relation to matters within the jurisdiction of the Court.

During 1952 this Court handled 1,609 complaints.



CONFERRING ON JUVENILE PROBLEM

The other Trial Magistrates, who hold court in Rockville, Bethesda, and Silver Spring, respectively, have civil jurisdiction over damage, contract, and other types of actions where the amount involved does not exceed \$300.

The number of civil, criminal, and traffic cases handled by the three Trial Magistrate Courts was 23,575 in 1952 as compared to 18,811 cases in 1951. Total receipts collected by these courts amounted to \$189,942 in 1952.

BI-COUNTY AGENCIES Park and Planning Commission

The Maryland-National Capital Park and Planning Commission is composed of six members appointed by Governor, and is responsible for park and planning functions within the Metropolitan and Regional Districts both Montgomery and Prince Georges Counties border on the District of Columbia.

In carrying out its functions, the Commission in 1952 continued study and preparation of highway plans for the Maryland-Washington Regional District.

Further studied and revised the proposed zoning ordinance.

Developed recreation areas and carried on a recreation program for the ninth consecutive year.

Carried on study, review and recommendation for street drainage, street, profile, and preliminary subdivision plans involving property in Montgomery County.



MORE WATER

Washington Suburban Sanitary Commission

The Washington Suburban Sanitary Commission is composed of three members appointed by the Governor and is responsible for providing water, sewage, storm drainage, and refuse disposal services in the suburban area within both Prince Georges County and Montgomery County.

Due to the rapid growth of population in this area since the end of World War II, the Commission has been constantly faced with the problem of providing adequate facilities and services.

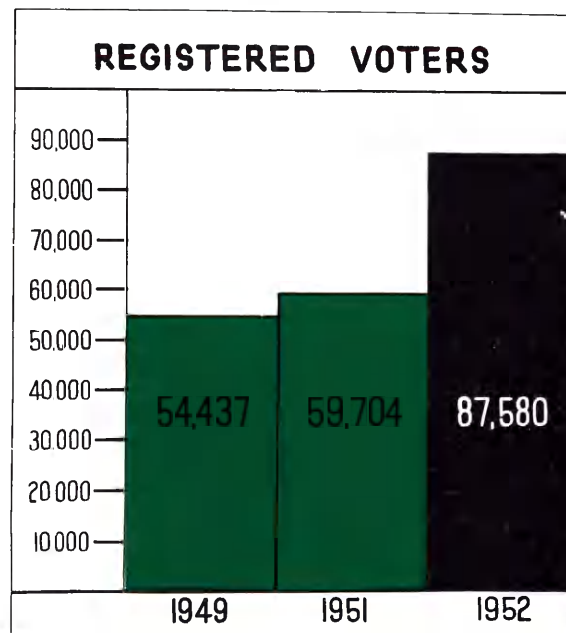
During 1952 the Commission constructed additional miles of water and sewer mains to serve residential and commercial properties, and continued construction of a new dam located near Laurel. Upon completion of this dam the water supply of this area will be doubled.



CQURT HOUSE, ROCKVILLE



COUNTY OFFICE BUILDING, ROCKVILLE

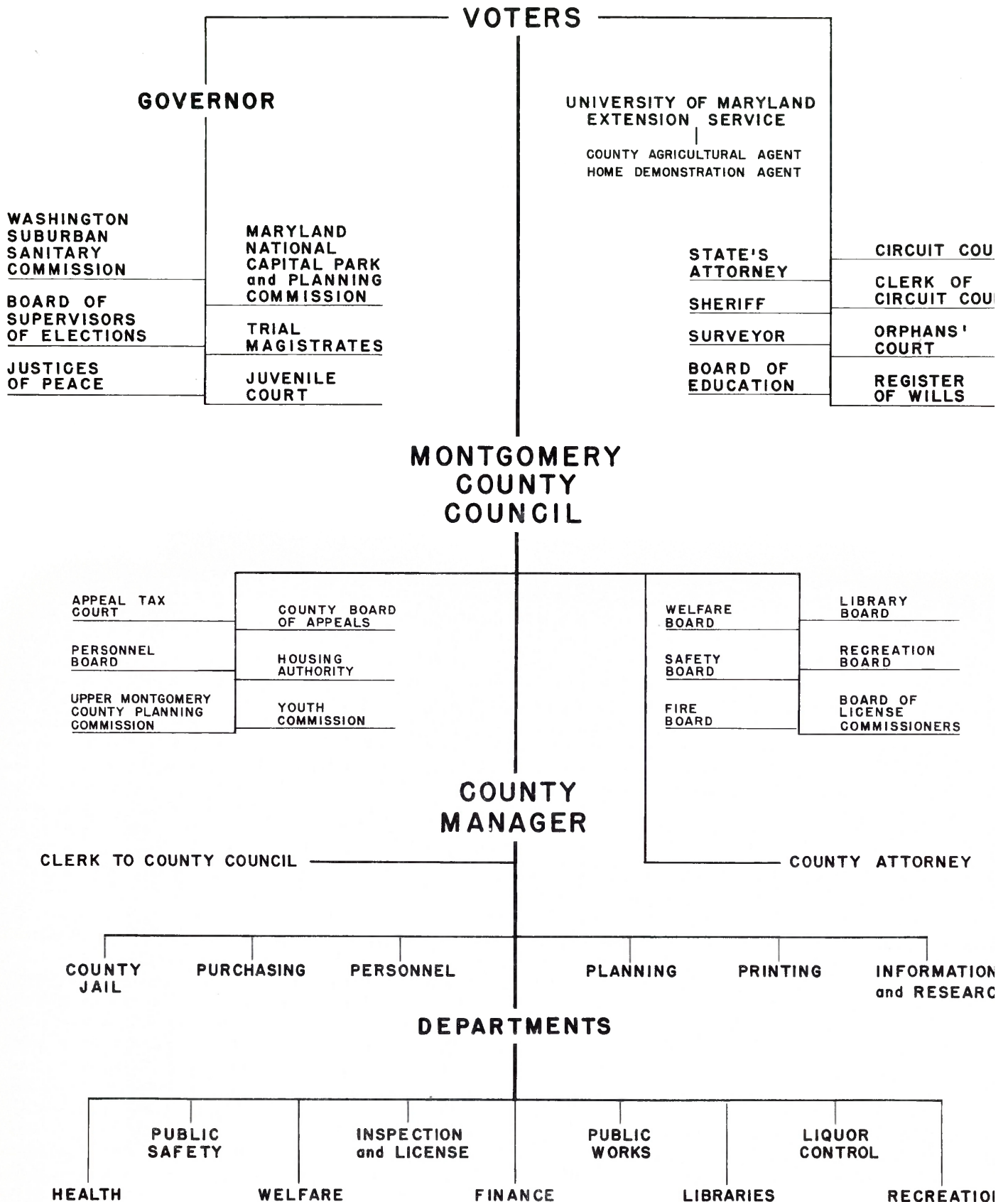


COUNTY BUILDING, SILVER SPRING



COUNTY BUILDING, BETHESDA

ORGANIZATION - MONTGOMERY COUNTY GOVERNMENT



This report was prepared by John P. Gaquin, Personnel Assistant to the County Manager, and George P. Morela, Director of the Department of Public Libraries.

BOARDS, COMMITTEES AND COMMISSIONS

(Appointed by County Council)

Personnel Board

WIS B. SIMS, Chairman
DITH A. DINWOODEY
ALCOLM H. WHITE

Upper Montgomery County Planning

THOMAS C. KELLEY, Chairman
MARSHALL DAVIS, Vice-Chairman

Safety Board

EDWARD B. LANDRY, Chairman
ERMAN K. ANDERSON, Secretary

Youth Commission

THOMAS A. CONLON, Jr., Chairman

Appeal Tax Court

D. HERRON, Chairman

Welfare Board

LILLIAN W. SMITH, Chairman
MRS. L. A. GRAVELLE, Vice-Chairman

Housing Authority

JOHN PRATT, Chairman

Financial Advisory Committee

CHARLES L. DEARING, Chairman

Board of Zoning Appeals

(January 1952 to August 1952)
JAMES J. HAYDEN, Chairman
MILTON A. SMITH, Vice-Chairman

County Board of Appeals

(August 1952 to December 1952)

MILTON A. SMITH, Chairman
JAMES J. HAYDEN, Vice-Chairman

Recreation Board

H. F. BROWNFIELD, Chairman
MRS. D. H. CAMPBELL, Secretary

Fire Board

HERMAN M. DILG, Chairman
SPENCER BROWN, SR., Vice-Chairman

Juvenile Court Committee

PAUL RICHMAN, Chairman
WILLIAM SHERIDAN, Vice-Chairman

Library Board

BOYD LADD, Chairman
R. E. IFFERT, Vice-Chairman

Medical Care Commission

DOUGLAS WEST, Chairman
DR. WILLIAM WELSH, Vice-Chairman

Board of License Commission

DONALD K. STALEY, Chairman

BOARDS AND AGENCIES

(Appointed by Governor)

BOARD OF EDUCATION

THOMAS S. JACKSON, President
H. STANLEY STINE, Vice-President

BOARD OF SUPERVISOR OF ELECTIONS

WILLARD A. KING, President
ROSE K. DAWSON, Chief Clerk

BI-COUNTY AGENCIES

(Appointed by Governor)

MARYLAND NATIONAL CAPITAL PARK AND PLANNING COMMISSION

ROBERT W. WATKINS, Chairman

RICHARD F. GREEN, Vice-Chairman and Park Commissioner

DONALD E. GINGERY

SYDNEY M. OLIVER

CARLTON PYLES

HERBERT W. WELLS

WASHINGTON SUBURBAN SANITARY COMMISSION

ROY W. BELLAMY, Chairman

L. S. RAY

J. NORMAN AGER

FOR INFORMATION CALL

ANIMAL SHELTER	JUniper 5-5183
ASSESSMENTS	POplar 2-2121, Ext. 55
BIRTH CERTIFICATES	POplar 2-4321, Ext. 24
BOARD OF LICENSE COMMISSION	POplar 2-2121, Ext. 105
BUILDING AND ELECTRICAL INSPECTION	LOckwood 4-7000
BUILDING PERMITS (County)	POplar 2-2121, Ext. 30
CIRCUIT COURT, CLERK	POplar 2-2121, Ext. 74
CIVIL DEFENSE	POplar 2-2121, Ext. 35
COUNTY AGENT	POplar 2-3737
COUNTY BOARD OF APPEALS	OLiver 4-2304
COUNTY COUNCIL	POplar 2-2121, Ext. 59
COUNTY MANAGER	POplar 2-2121, Ext. 144
COURTHOUSE	POplar 2-2121
DEATH CERTIFICATES	POplar 2-4321, Ext. 24
DOG LICENSES	POplar 2-2121, Ext. 30
DUMP (County)	POplar 2-3081
EDUCATION, BOARD OF	POplar 2-3981
ELECTIONS	POplar 2-2121, Ext. 101
ELECTRICIANS LICENSES	POplar 2-2121, Ext. 30
ENGINEERING, HIGHWAY	POplar 2-2121, Ext. 130
ENTERTAINMENT AND BENEFIT PERFORMANCE LICENSES	POplar 2-2121, Ext. 30
EQUIPMENT DEPOT	Gaithersburg 767
FINANCE	POplar 2-2121, Ext. 32
FIRE MARSHAL	POplar 2-2121, Ext. 107
FISHING LICENSES	POplar 2-2121, Ext. 74
HEALTH	POplar 2-4321
HOME DEMONSTRATION	POplar 2-2121, Ext. 31
HUNTING LICENSES	POplar 2-2121, Ext. 74
JAIL	POplar 2-2121, Ext. 143
JUVENILE COURT	POplar 2-2121, Ext. 108
LAW (County Attorney)	POplar 2-2121, Ext. 50
LIBRARIES	Gaithersburg 534
LIQUOR DISPENSARIES	JUniper 9-3452
MARRIAGE LICENSES	POplar 2-2121, Ext. 74
ORDNANCES AND COUNTY REGULATIONS	POplar 2-2121, Ext. 50
OFF-STREET PARKING	POplar 2-2121, Ext. 133
PARK AND PLANNING	JUniper 9-1480
PERMITS (Construction)	POplar 2-2121, Ext. 127
PERSONNEL	POplar 2-2121, Ext. 58
PLANNING (Upper County)	POplar 2-2121, Ext. 119
POLICE	POplar 2-4351
	JUniper 7-8200
	OLiver 2-0300
PUBLIC SAFETY, DIRECTOR	POplar 2-2121, Ext. 35
PUBLIC WORKS	POplar 2-2121, Ext. 125
PURCHASING	POplar 2-2121, Ext. 149
RECREATION	POplar 2-2121, Ext. 40
REFUSE COLLECTION (Sanitary District)	APpleton 7-7700
ROADS, STREETS, AND SIDEWALKS	Gaithersburg 767
	JUniper 9-1554
	OLiver 4-2300
REVENUE	POplar 2-2121, Ext. 146
SANITARY NUISANCES	POplar 2-4323
SEWERAGE (Sanitary District)	APpleton 7-7700
SHERIFF	POplar 2-2121, Ext. 166
STATE'S ATTORNEY	POplar 2-2121, Ext. 161
SUBURAN COUNTY BUILDINGS	OLiver 4-2300
	JUniper 9-1554
TAXES	POplar 2-2121, Ext. 148
TAX APPEALS	POplar 2-2121, Ext. 55
TAXICAB LICENSE	POplar 2-2121, Ext. 105
TREES AND STREET CLEANING	OLiver 2-0304
TRAFFIC ENGINEER	POplar 2-2121, Ext. 133
VETERAN'S HOUSING	LOckwood 5-4161
VOTING REGISTRATION	POplar 2-2121, Ext. 101
WATER (Sanitary District)	APpleton 7-7700
WELFARE	POplar 2-4343
WILLS, ESTATES, AND GUARDIANSHIPS	POplar 2-2121, Ext. 71
ZONING APPLICATIONS	POplar 2-2121, Ext. 59
ZONING COMPLAINTS	POplar 2-2121, Ext. 103

COMMUNICATION

No. 2

BOARD OF EDUCATION MONTGOMERY COUNTY

to

PARENTS

MRS. BEN BAYLOR, JR., *President*

THOMAS S. JACKSON, *Vice-President*

MRS. DURWARD V. SANDIFER

H. STANLEY STINE

WYLIE W. BARROW

ROY TASCO DAVIS

EDWIN W. BROOME, *Superintendent*

VOL. I

ROCKVILLE, MARYLAND

NOVEMBER 15, 1951

HERE is the second "Report to Parents" issued by the Board of Education this year. Since it includes the annual report of the Board, it is longer than the first such report received by parents at the opening of the school term. It is longer, too, than the two other reports to be made later in the year. But don't let its length stop you from reading it through. It tells the present condition in many phases of the work of the schools, advances made recently by the Board, and indicates where further progress is desirable to give your child the first rate education he or she deserves.

The following are selected to illustrate where real progress has been made in:

• **Increased interest in, and support of, schools.**

This interest and support has come from individual parents, parent groups, such as individual school Parent-Teachers Associations, the County Council of P-TAs, the County Manager's office, and the County Council. From the mother who donated cookies to her child's fair to the County Council which this year gave the Board of Education for operating costs a sum of \$5,484,574 to which was added \$1,797,400 from the State, and for the capital expenditure budget \$7,300,000, the schools have been supported by the people of the county.

• **Increased competency of teachers.** In spite of a nation-wide shortage of teachers, over 300 more teachers joined our school system this fall. Of the new teachers entering the schools, 146 were required for replacements of teachers and 167 were required because of increase in enrollment. The full salary schedule which was put into effect for the first time this year played its part in inducing new teachers to come to Montgomery County and in encouraging those already with us to remain. Despite their already excellent education (over 27% have advanced degrees), our teachers continue their education through in-service courses

and brief work periods with experts in various educational fields.

• **School construction.** Thirty-three school construction projects, with facilities to take care of 8,070 pupils, were under construction as of October 30, 1951. In addition to the thirty-three construction projects, an appropriation is available for thirteen other projects with a normal capacity of 3,230 children. If approval for the construction and the allocation of materials from the U.S. Office of Education can be secured, these projects can be contracted. This is not enough, as every parent with a child on a double shift or in an overcrowded classroom knows. But there are only a handful of school systems across the country which, faced with present governmental restrictions, have done as well. While the classroom shortage will remain with us for some time, the new flexible capital budget will enable new projects to be completed as rapidly as material shortages permit.

• **Consolidation and construction for negro students.** Facilities for Negro children, which were quite inadequate, have been vastly improved with the opening of the Emory Grove Consolidated

School, the Rockville Elementary School, and the new Carver Senior High at Rockville, which also houses the Junior College.

• **Special services.** These are the plus values of a school system. They include the school library service, headed by a trained librarian, and the enlarged program of adult education. "Special services" also covers the lip reading service made available to children needing it, the extension of vocal and instrumental music to all schools, increased attention to physical education in the elementary schools, and the greatly enlarged provision for text-books and materials of instruction.

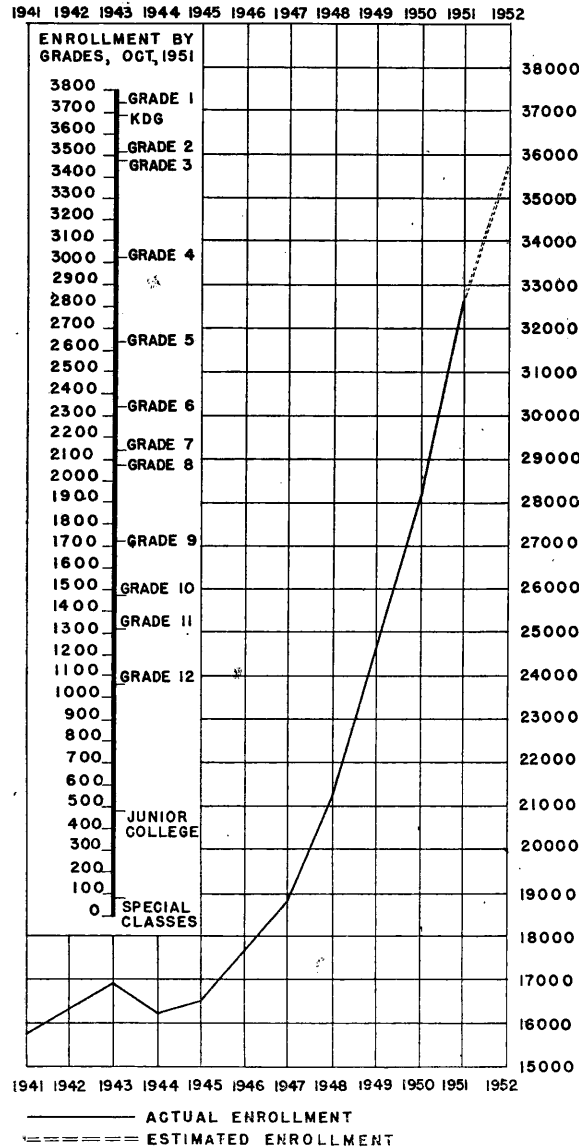
During the past year, the Board has also paid particular attention to the program for the gifted child, and to the child with special needs. Attention to the latter has resulted in the establishment of a school for cerebral palsied children.

In the central office at Rockville, the professional staff has been increased and strengthened through the addition of more pupil personnel workers and supervisors, and with the addition of two assistant superintendents in charge of the instruction program, and the appointment of an administrative assistant to the superintendent.

ENROLLMENT *tops 32,000*

School CONSTRUCTION *keeps pace*

ENROLLMENT FOR THE MONTH OF OCTOBER
1941 — 1951



Attractive, simply designed, sanitary, and safe buildings are essential for the effective education of children.

Schools are located so:

- elementary children may walk or need little transportation
- junior high children may walk or need minimum bus service
- senior high children need more transportation

Building plans provide:

- space for library service
- space for lunch service
- space for varied kinds of work

In the past two years the County has built over 100 new classrooms annually. We need to accelerate our building program if we expect to eliminate sub-standard rooms and to provide for all children entering schools. The County will continue its efforts to house all students adequately.

That they may **LEARN**

The parent working with a teacher said, "I know my child needs help but I don't know what to do."

The teacher said, "We'll have to study the child carefully; then we may need the aid of specialists to interpret our findings."

Schools, with the assistance of authorities, have identified needs for special services in lip reading, home teaching, six classes for slow learners, a cerebral palsy school. Many of these authorities act as counselors in developing helpful attitudes among students, parents, and teachers toward each other and toward the particular student handicap.

As we know more about children, we recognize increasingly the need for these services. Progress in special services in Montgomery County should continue, and perhaps, in time, be enlarged.

TESTING *modifies teaching*

A parent, working with a group of teachers, asks "Do the schools use standard tests?"

"Yes", the teachers answer, then continue, "A standard test in the hands of a teacher is like a stethoscope in the hands of a doctor—it's a diagnostic device."

"The more competent school systems use standard tests for purposes different from formerly. We don't compare Johnny with Mary—we use results to diagnose our teaching services."

"Test scores give us one yardstick to see where each child is. The service of the test to the learner comes in the changed treatment of the child by the teacher. Interpretation of test scores tells us what we might do to help each pupil. This is constant, regardless of the level of achievement."

"In Montgomery County, we work with programs of teaching in helping children. Standard tests are only *one* means of securing full data on each student."

AIDES *lend a hand*

Bill is 15 years old. He doesn't do well in school. He wants to stop and go to work.

The pupil personnel worker visits the school. He talks to teachers and checks school records, getting an insight into Bill's problem. He interviews the student. Bill is encouraged to express his own feelings, to define his own problem. He feels hampered because he doesn't have spending money . . . he can't make a good showing with the girls when he goes out on a date . . . his dad complains when he doesn't mow the lawn but the druggist is enthusiastic over his responsible delivery service.

With the aid of the pupil personnel worker, Bill develops a solution for his dilemma, one that uses the resources of the home, school and community. The personnel worker then marshals community and school resources to help Bill carry out his plan of action.

Working in Montgomery County schools are six pupil personnel workers to insure that all students have the best possible chance for growth and progress.

The **SCHOOL LUNCH** *program*



offers:

- a nutritionally balanced lunch served daily in 15 high schools and 45 elementary cafeterias
- opportunities for every pupil to develop socially
- Federal subsidy, surplus food, and help from PTA's keep the cost of lunches low — 15¢ to 30¢. The County contributes

nothing toward the purchase of food.

Ten new cafeterias will be opened during the school year.

HEALTH *is a mutual responsibility*

Soft lighting reaches all corners of the room; the thermometer stands at 67-70 degrees; children are seated comfortably in well-proportioned seats . . . In a spotlessly clean cafeteria, students purchase tempting lunches at low cost . . . In class periods, children study hygiene and first aid, and participate in recreational sports under supervision. Schools are organized to contribute to the healthful living of each child. Maintenance and repairs in schools have greatly improved since the appropriation was increased for them.

The Health Department works with schools and parents in protecting the health of children. It provides school nurses, clinics,

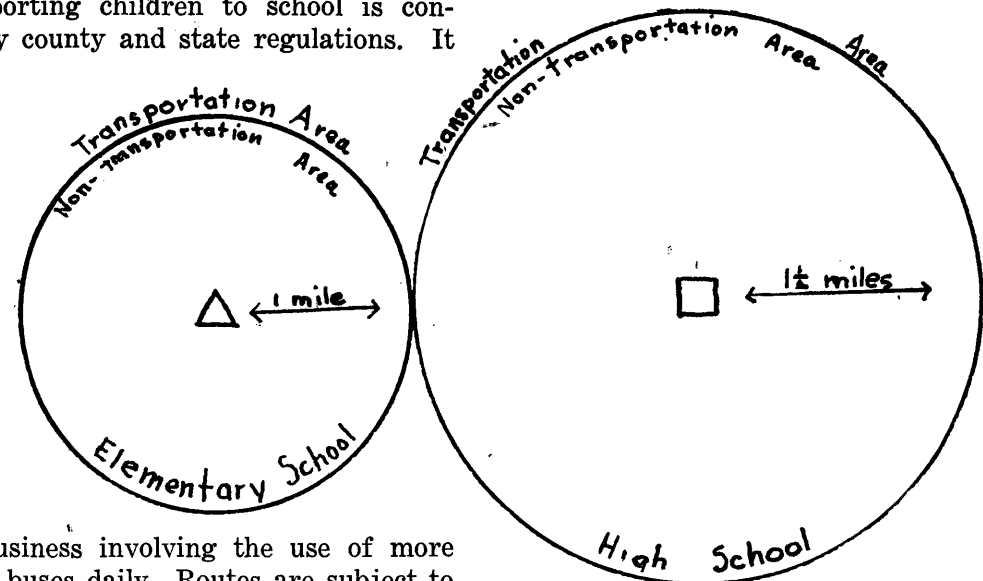
and physical examinations for all first grade children and for children referred for physical examinations by teachers or nurses.

Parents share in the health program by helping in cafeteria service, weighing and measuring children where necessary, studying the clothing needs of children for comfort and health, and providing a balanced diet for children at home.

In Montgomery County, protecting the health of children is a cooperative undertaking among parents, the school, and the Montgomery County Health Department. It recognizes that health is social as well as personal; it makes health a living phase of each school day.

TRANSPORTATION *is big business*

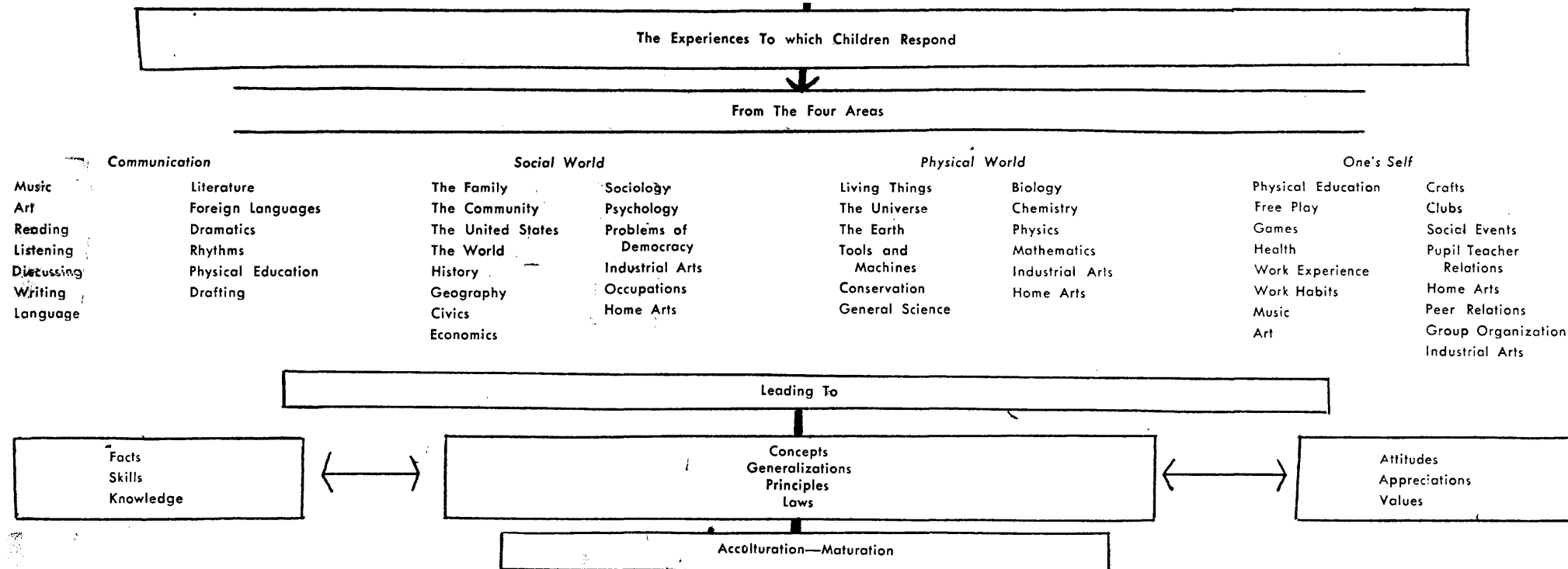
Transporting children to school is controlled by county and state regulations. It



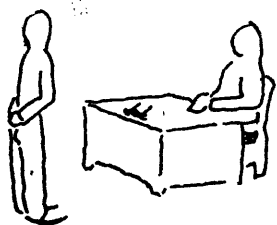
is big business involving the use of more than 100 buses daily. Routes are subject to constant revision as new homes are built. As sidewalks and safe ways to walk are improved, the need for transportation tends

to decrease. Exceptionally hazardous roads require some discretion in the use of bus service.

The CURRICULUM is all inclusive



Parents are PARTNERS



"You mean I can take what I want?", Jimmy asked. The principal smiled. "Within reason, yes. But what do you want to do when you leave high school? What do you think you need?"

"I haven't given it much thought, sir. In junior high school, I sorta liked the stories we read in English, and I didn't mind the writing we had to do, either."

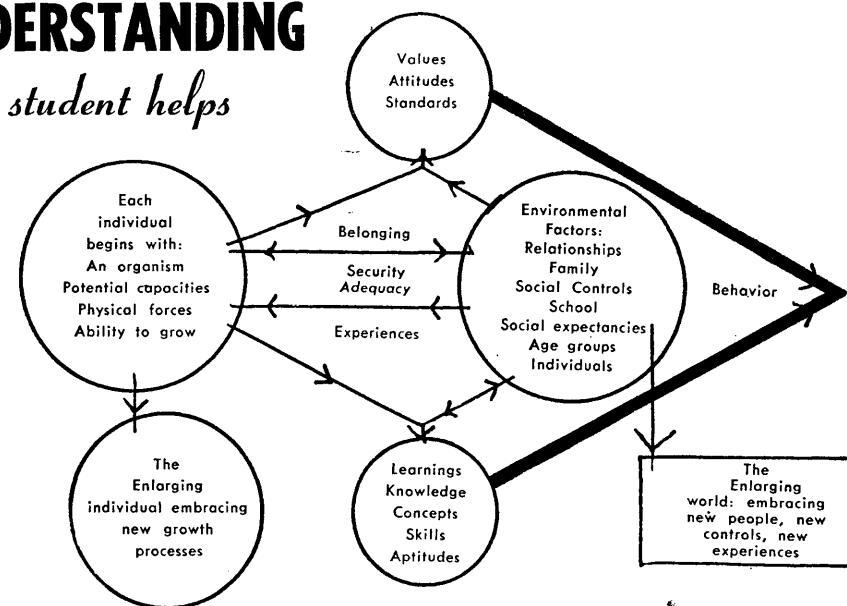
"Well, in junior high you had a chance to find out what you liked, to find a special interest. You've had courses in math, the natural sciences, core, health and physical education. And you mustn't forget the practical and fine arts.

"Now, Jimmy, we are trying to fit your program to your special needs. In this school, we have courses to help you—academic, general, commercial and vocational.

"Suppose you talk over your plans with your parents tonight. Try to decide what it is you want to get from high school. Then we can plan a program that fits you."

In the main, course offerings in Montgomery County schools are meeting the needs of students.

UNDERSTANDING the student helps



MATERIALS *aid instruction*

The girl in blue searched for a few seconds, then turned to her teacher. "Miss Smith, we need some more colored paper—we're about out of green."

Miss Jones, the librarian, looked up from her desk at the teacher. "This new edition of *Hamlet* is just what we have been looking for to use with our special groups. Please order 65 copies."

"With three sections of chemistry next year, we'll need more lab equipment. Mr. Burns, will you prepare a tentative list?"

Textbooks, library books, art, laboratory, health supplies—all requests for materials of instruction originate with students and teachers.

Orders are approved by principals and supervisors. They are delivered to the schools from a county warehouse or directly from the supplying company. Special equipment such as desks, easels, and tables may be made in shops as a part of the regular shop class work.

Materials of instruction have value only as they contribute to the learnings of children. Increased appropriations for materials and textbooks have been provided by the County Council.

SUPERVISION *helps teaching*

Our children represent the immature stage of our society. As they strive for mastery in school subjects in successive levels of learning, they need help. Such help we call instruction. The improvement of instruction is the peculiar role of the supervisor.

This year we have nearly 33,000 pupils with more than 1,200 teachers. Nearly a fourth of these teachers are new to Montgomery County. Our 19 supervisors are engaged in orienting new teachers to their present jobs and in helping all teachers to provide better learning. Supervisors work with teachers and pupils to help them locate and meet their needs. They seek to develop with them more effective learnings than they could achieve without this help.

TEACHERS *study, too*

The day had been long. The teacher's spirits were frayed and exhausted. Careful preparation had gone into each lesson; books and related material had been ready for use. Yet, somehow, two children had made no progress.

Why? The teacher racked her brain for the answer. What could she have done? Then she remembered the workshop meeting after school. Her spirits rose. Perhaps there she could find a workable suggestion. There specialists would be prepared to give her aid, to help her analyze her difficulty.

Montgomery County teachers participate in many in-service training programs. These include professional work groups, as Child Study, Course of Study and Curriculum Workshops (on a voluntary basis), university courses for higher degrees, and work in professional organizations.

METHOD *is important*

The teacher and child work together.
The teacher is an expert in leading children to the discovery of values.
The teacher makes a richness of resources available.
The child works on problems that he can attack successfully.
Resources are used so that the child may deal with first hand experiences.
The child builds knowledge, values, concepts and understandings through experience.
The child develops criteria for checking his own achievement.
The child builds skills through practice in real situations.

Teacher does most of the talking.
The child is told to learn but not helped in how to do it.
The child has no understanding of what he learns.
The teacher does the purposing and planning.
The children act on the teachers purposes and plans.

Less Effective Methods

Highly Effective Method

In any school system one may see examples of method in varying degrees of effectiveness

The child is allowed to discuss with teacher in a limited way what he is attempting.

The teacher dominates most of the program assigned to the child.

The teacher passes judgment without allowing the child to develop standards to evaluate his achievement. Little first hand experiences are permitted.

Resources used in a limited way.

We are building a competent school staff.

INVESTING *in children*

During the 1950-51 fiscal year, expenditures for the regular day school program totaled \$5,729,437, or an average of \$203.20 per pupil. An additional \$152,220 was spent for "Other School Programs" including Adult Education, the Junior Colleges, and School Lunches.

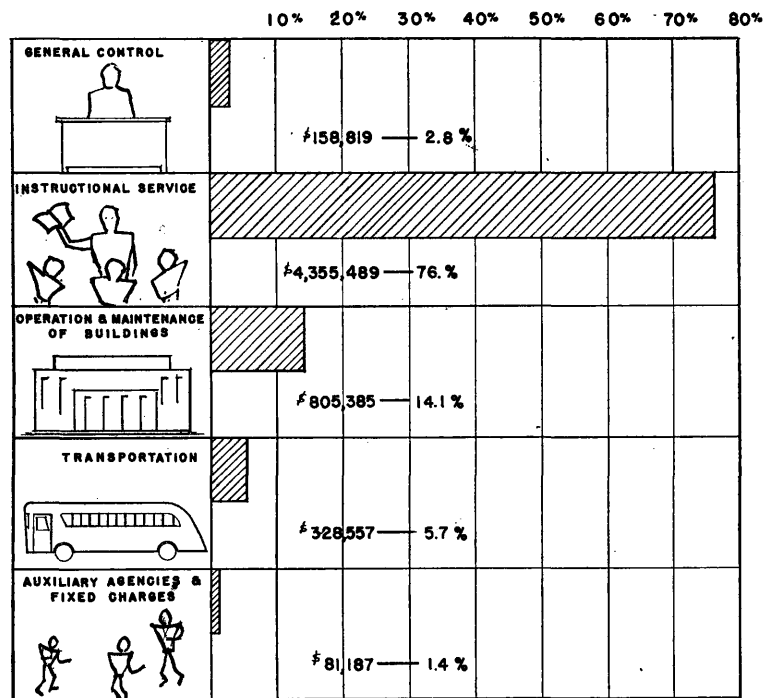
75% of the revenues for current expenses was derived from the county, 24% from the state, and 1% from Federal funds and other sources.

The county portion of this revenue was provided largely by the school tax of \$1.17 per each \$100 assessed valuation. Tax for current expenses for this year is \$1.28.

Since the end of World War II, Montgomery County has appropriated each year a capital expenditure budget for the expansion and improvement of school facilities. For the present fiscal year, \$7,300,000 has been appropriated.

With the exception of a grant from the state for \$1,325,000, all of these funds have been provided by Montgomery County through the sale of bonds and borrowing from the State of Maryland. To provide for the interest and repayment of these funds, an annual tax is levied. For the fiscal year 1950-51, it was \$.25 per each \$100 assessed valuation; for the present year, this tax is \$.24.

EXPENDITURES FOR CURRENT OPERATIONS FOR ——— 1950 - 51



Public schools are the **PEOPLES'** *schools*

Public schools belong to the people; therefore the people are entitled to know what their schools are attempting and accomplishing.

Montgomery County affords the public an increasing number of opportunities to understand the work of the schools. PTA programs, supervisors' meetings with principals and small groups of parents, principals' advisory councils, radio and television programs, workshops, the press, availability of staff personnel—all keep the public abreast of changes and developments in the schools.

Increasingly PTA's are important. Other organized help comes from parent study, social hygiene, "group dynamics", Montgomery County Civic Federation, the Allied Civic Group, farm organization groups and women's clubs. Countless groups in the County have a stake in education.

STATE LAW *guides local board*

"Would you mind explaining the school system?" is asked many times by parents moving to Montgomery County. The most direct reply is, "Maryland in its constitution provides a State school system." The County is a unit of the administration.

• **The State Board of Education**, appointed by the Governor, has general supervisory control over the schools of the State and has authority to make by-laws affecting the State as a whole. The State Superintendent is appointed by the State Board. Acting through the State Superintendent and his assistants, the State certifies all teachers, approves school sites and school plans for buildings, provides for State supervision, and submits to the General Assembly the school budget in which provision is made for State aid to the counties. Other miscellaneous services are performed by the State Department.

• **What are the main functions of the County Board of Education?** The County Board appoints a County Superintendent, subject to the approval of the State Superintendent. Upon the recommendation of the superintendent, the Board appoints all members of the professional staff in the general administration office of the Board of Education, with the approval of the State Superintendent.

• How about teachers, janitors, bus drivers and other employees of the school? All these employees are appointed by the Board of Education upon recommendation of the Superintendent.

• **What other duties are performed by the Board of Education?** Under the guidance of the professional staff, the Board plans and erects school buildings, purchases school sites and provides courses of study, textbooks and materials for teachers to use in their instructional program. The Board approves by-laws for the conduct of the schools. An important function of the Board of Education is the preparation of a budget for submission to the County Council for school funds.

As in the case of the State Board of Education in reference to State administration, the County Board performs in a similar way many duties in reference to the conducting of a school system in the County.

• **Three trustees** are appointed for each elementary school by the Board of Education. The trustees, by unanimous vote, have authority to reject teachers (not exceeding three) assigned to their schools. The trustees serve in an advisory way in the administration of schools and make recommendations for repairs and up-keep. They have authority to grant use of school buildings for public functions and represent the community in many relations with the Board of Education.

Students work on CIVIL DEFENSE

As the school work started Monday, Sam asked his teacher, "What is this Civil Defense business I hear so much about?"

OBEY these official Civil Defense		
AIR RAID Instructions		
AIR-RAID ALERT (immediate attack)	3 minute wailing siren or short blasts	
ALL-CLEAR (attack over)	3 one minute blasts 2 minutes silence between	
Quickly but Calmly	with NO WARNING	with WARNING
at HOME	Drop to floor. Get under bed or heavy table.	Go to prepared shelter. Turn off all appliances.
at WORK	Drop to floor. Get under desk or work bench.	Obey Warden. Go to assigned shelter.
at SCHOOL	Drop to floor out of line of windows. Bury face in arms.	Obey your teacher. Go to assigned shelter quietly.
in the OPEN	Drop to ground or dive for cover. Bury face in arms.	Obey Warden. Go to nearest OK'd building or shelter.
in VEHICLES	Drop to floor. Bury face in arms.	Get out. Go to nearest OK'd building or shelter.
stay put until the all clear and obey instructions		

Miss Brown thought a moment and said, "We should all learn about it. Let us look at the chart and think about the following and see what we plan to do in our class."

THINGS TO REMEMBER

Defense is a personal problem . . . Defense is everyone's task . . . First Aid is necessary . . . Learn to obey signals . . . Prepare for a long period of Anxieties . . . Have faith in yourself . . . Recreation and hobbies will help us . . . Attempt some helpful activity . . . We have knowledge to use as a help . . . Faith in God and in the future gives us strength . . . Do not depend on future generations to make up for our failures . . . Discuss with the family its protection . . . Learn and practice what to do in case of attack now—at home, on a bus, at school, on the playground, at church, on the street, in a store, in a theatre, at night . . . By all means, KEEP CALM—ACT QUICKLY.

ADULT EDUCATION program is varied

Giving people what they want, when and where they want it—this is the goal of the Adult Education program in Montgomery County.

Pottery making, art metalcraft, landscape gardening, fine arts, physical education, shorthand, typing, millinery, tailoring, interior decoration, jewelry making, welding, canning, woodwork, symphony orchestra—courses in agriculture, business, home economics, government, Americanization, veteran's related training, lip reading, hobbies and cultural subjects—all help meet the needs and interests of the people in the community. The scope is broad; the offerings are varied. Last year, 5200 people registered in the program.

Adult Education increases understanding among the parents, the community, and the school. It knits them into a closer relationship; it emphasizes the need for continuing education for all people. Adult Education is a community undertaking.

AUDIO-VISUAL AIDS spark classes

Quickly, the solitary figures sliding into the room, their arms laden with coils of cable and a large, cumbersome box, glance at the scribbled notice. "Check amplifiers in cafeteria . . . change reels on projector . . . operator session after school today."

The student pulls the crayon from the box on her desk. Carefully she applies the color to the outline on the etched glass plate.

Montgomery County schools are equipped with the machines which use a variety of

audio-visual materials. Activities range from making slides in elementary schools to projection clubs in senior high schools.

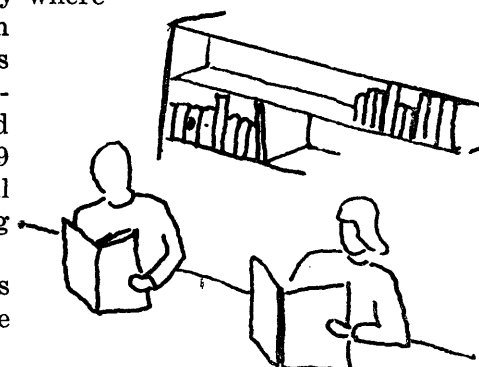
Films, recordings, slides, film strips—all audio-visual resources are integrated into classwork. They are planned for, they are prepared for, they are followed up.

This year, students are learning television techniques through planning and participating in a weekly TV program, EDUCATING YOUR CHILD, presented by Montgomery County schools.

The LIBRARY is a working tool

Students settle down with shears and paste; they fill in cards and carefully outline numbers on shiny book covers. They keep busy arranging shelves, cataloging, charging and receiving books. This may seem strange to parents who are used to a library where children do nothing except come in and take out books. In the student's library, it is not unusual to find parents also working with pupils and teachers. In Montgomery County, 19 elementary school libraries are well organized; others are in varying stages of organization.

Library service shared by all is made a vital part of the life of the school.



MJC-results tell why

This month, a graduate of the first class of Montgomery Junior College was sworn in as a member of the Maryland bar. He has graduated from law school, passed his bar examination, and is now earning his living from his profession. He has his office in Rockville.

Another student this year completes his medical training at George Washington University. A member of the first class is now completing work on his master's degree at Columbia University. Another is employed by the Montgomery County Board of Education as a teacher in the system. Still another is employed in the new county library program.

In its operation, the Junior College has enrolled 1574 students. Over 275 have gone into 46 different colleges. These young people have given clear demonstration of the success of the transfer curriculums at Montgomery Junior College.

SERVING builds citizens

• Cautiously, the child pushed the bell. "I'm from Vision School," she began as the door was opened. "We are collecting clothing for the needy children in Korea. Do you have any dresses or sweaters which might be used?"

Montgomery County students work in their communities; they render services to each other and to their families. Boys and girls, from kindergarten through senior high school, have daily opportunities to learn to work together—for the school and the community in which they live.

Service clubs, patrols, student councils, savings bond programs, drives for Red Cross and March of Dimes, CARE, class organizations, Thanksgiving and Christmas opportunities—all help students to put principles of service and citizenship into practice.

Human equation - release through the RTS



We are beginning to recognize that music, art and literature are important to children because they serve as an avenue of expression, and as a creative experience.

Drawing, painting, modeling, constructing . . . singing, listening, working with instruments . . . interpreting rhythmic activities in vocal and instrumental music—children work independently and in groups to put across ideas gained in school subjects.

Montgomery County students receive continuous encouragement in interpreting their own ideas and feelings which enter into every act of living.



Montgomery County Schools - LOOKING AHEAD

A school system cannot stand still. As we increase in size and scope, we must enlarge the range of our program. We must evaluate, making full use of all resources of our population to bring the finest education possible to our children. We must make certain that our professional services are of maximum quality and breadth.

In looking ahead, we are working in several areas.

- **Continue our study of the teacher's salary schedule.** We wish to keep our leadership in attracting and holding highly trained professional workers. With members of the community and teachers, we are studying the question of salaries with relation to the increased cost of living.
- **Services to children must stress cooperation and unity among adults.** As the tensions of everyday living increase, we need to provide stable experiences in which our children can mature and develop with a minimum of unsettling influences.
- **Safeguard the professional advances which have been made in the way chil-**

dren are understood. We need to hold on to the increased public support of education and to increase it. We seek improved means of sharing and using with parents our basic knowledge of how education takes place. Education is a continuing process in which parents and schools work together.

- **If the better schools are to survive and multiply, we should increase the number of parent visits to the schools with conferences with teachers.** In this way, parents can gain first hand knowledge of the work of their schools and can play an increasingly important role in the education of our children.
- **Cooperation is the lifeblood of our schools.** Education is a mutual undertaking shared by the Board of Education, the County Council, and parents. Cooperation among these groups is required for support of teachers, for providing for housing, and materials with which to work, and for financial aid to carry out present obligations which society owes to every child.

Montgomery County
Maryland
HEALTH DEPARTMENT

Annual Report
1952

ANNUAL REPORT

MONTGOMERY COUNTY HEALTH DEPARTMENT

1952

Why may we assume that the milk coming to our door will be safe to drink? . . . or that a smallpox epidemic will not happen here?

Because we, the taxpayers, have provided a Health Department with the knowledge and the skilled staff necessary to protect us against preventable hazards to our life and health.

Individuals cannot do it alone! Protection can be attained only by an organized effort and in cooperation with other communities.

This report outlines the major health needs in Montgomery County and what our Health Department is doing to meet them. Much is being accomplished; much remains to be done!

PROVISION OF A HEALTHFUL ENVIRONMENT

We take it for granted that our water is safe to drink, that milk is free from dangerous disease germs, that it is all right to eat in any of the County's many restaurants, and that rats, flies, mosquitoes and other pests will not become too much of a nuisance or spread disease in our community. Safety does not just happen, but is the result of concentrated effort on the part of many persons including our Health Department personnel.

The Health Department attempts to prevent disease and injuries arising from our surroundings and to improve our standard of living. The approach to these problems is primarily educational rather than legal. For example, it is more effective to teach food handlers the proper way to handle food and utensils than depend on prosecuting managers when their restaurants fail to pass inspection.



Many health hazards can be prevented. Health Department sanitarians review plans for new public institutional buildings, such as schools and nursing homes. They check such items as the water supply, the sewage disposal system, space per person, and safety hazards. Water samples are tested in our laboratory for the number of bacteria.

Consultation service on how to build proper septic tanks, privies, and wells is also given to anyone who must provide for his own private water supply or sewage disposal unit. Prospective housing developments are checked in order to make sure the sewage disposal and the water supply will be adequate before building permits may be issued. Building is prevented in areas

Line drawings by courtesy of the
John Hancock Life Insurance Company

where there are no public sewers and the ground is too swampy or rocky to provide for safe private sewage disposal. Regular inspections are made of all schools, tourist camps, garbage disposal areas, markets, swimming pools, dairy farms, pasteurization plants, ice cream plants and restaurants.

Our Health Department is responsible for supervising the installation of septic tanks and irrigation fields for houses which are out of reach of public sewers; also for supervising the reconstruction of these local plants when they have become a nuisance because of the seepage of sewage to the surface of the ground.

To assure the safety and cleanliness of our milk supply, dairy barns are inspected by our sanitarians. Our three pasteurization plants are inspected to make sure that all milk is properly pasteurized. The refrigeration of the delivery trucks is checked to assure the milk being kept at a low enough temperature to keep bacteria from growing. Milk samples are tested by our laboratory staff for the number of bacteria, for proper pasteurization and for butter fat content. The sale of raw milk is discouraged. Raw milk and cream sales have dropped to about six gallons per day—only .03 of one percent of all milk sold. One of the four dealers who had been selling raw milk discontinued this practice in October, 1952.



County restaurants are visited to help them maintain high standards of sanitation. It is especially important that every food handler understand the importance of the proper storage of food and dishes, the handling and serving of food, dishwashing practices, and garbage disposal.

CONTROLLING AND PREVENTING COMMUNICABLE DISEASE

We have made progress in controlling the infectious diseases—typhoid, dysentery, smallpox, diphtheria—which caused so much death and suffering in the past. However, we must maintain a constant watch for communicable disease. A single case may be a menace to many.

The measures for the control of every disease are different, depending on the method of spread, possible immunization measures, and available treatments. Technical public health knowledge is necessary to know what measures to apply in a given instance.

Following is a list of the reported cases and deaths from the more important communicable diseases during 1951 and 1952:

REPORTED COMMUNICABLE DISEASES

	Cases		Deaths	
	1951	1952	1951	1952
Diphtheria	0	0	0	0
Measles	532	677	0	0
Poliomyelitis	52	64	1	2
Rabies (in animals)	0	0	0	0
Scarlet Fever	146	96	0	0
Spotted Fever	5	1	0	0
Syphilis	77	63	0	0
Tuberculosis	305	277	26*	**
Typhoid Fever	2	0	0	0

* The provisional figure of 18 was published last year.

** Final figure not yet available.

We will discuss some of these in detail.

Typhoid Fever

Improved methods in the sanitation of public water supplies and the pasteurization of milk have made typhoid fever a rare disease in our County.

Tuberculosis

Tuberculosis is the most important communicable disease in our County. An extensive program, involving case-finding, treatment, rehabilitation and education, has been developed cooperatively by the Health Department, the Medical Society and the Tuberculosis Association.

Case-finding—Because tuberculosis can be spread by persons who do not even know they are sick, it is extremely important to find these unknown cases. The Tuberculosis Association provides a regular service in a trailer unit to X-ray apparently healthy persons. 36,279 people took advantage of this opportunity in 1952. In addition, anyone with symptoms or anyone who has been in contact with a known case of tuberculosis is encouraged to come into the Health Department Chest Clinic for an X-ray and other tests.



Treatment—Under the supervision of Dr. Welte, our Director of Tuberculosis Control, and the patient's private physician, many patients are getting well at home. Public health nurses visit the home to assist the family in giving proper care and to set up procedures to protect other members of the family. Clinics are held frequently in Rockville and once a month in Silver Spring. 4,227 people received some kind of clinic service last year.

Medical Social Work — Difficult emotional and financial problems frequently occur in tuberculosis households. The help of the medical social consultant, as well as the public health nurse, is of great importance. These workers enable the family to plan for the patient's absence while at the hospital and to plan for his care after his return.

Vocational Rehabilitation—When the patient's former work is too strenuous for him, training for another job is provided by the Division of Vocational Rehabilitation, a unit of the State Department of Education.

Education—Our educational programs are designed to emphasize the fact that Tuberculosis can be cured and to stress the value of periodic chest X-rays.

Poliomyelitis

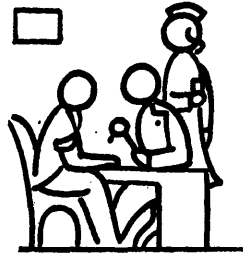
There were 64 cases of polio in Montgomery County last year—a few more than in 1951. All received medical care financed either privately or through the local Polio Foundation. When requested by the doctor, the patients also received public health nursing care, physiotherapy, or the services of the Health Department Orthopedic Clinic.

Diphtheria

The last case of diphtheria in our County was reported in 1948. A high level of immunization is maintained in the pre-school and elementary school population—the dangerous ages for diphtheria.

Venereal Disease

The control and treatment of venereal disease has changed dramatically in the past few years. Syphilis and gonorrhea can now be rendered non-infectious within a short period of time. However, it is still necessary to locate and diagnose contacts and to follow up patients to be sure they get the necessary treatment. A clinic is held every Monday evening in Rockville, to which 167 people made 341 clinic visits in 1952. An investigator from the State Department of Health works in our County four days a month locating contacts and following up cases.

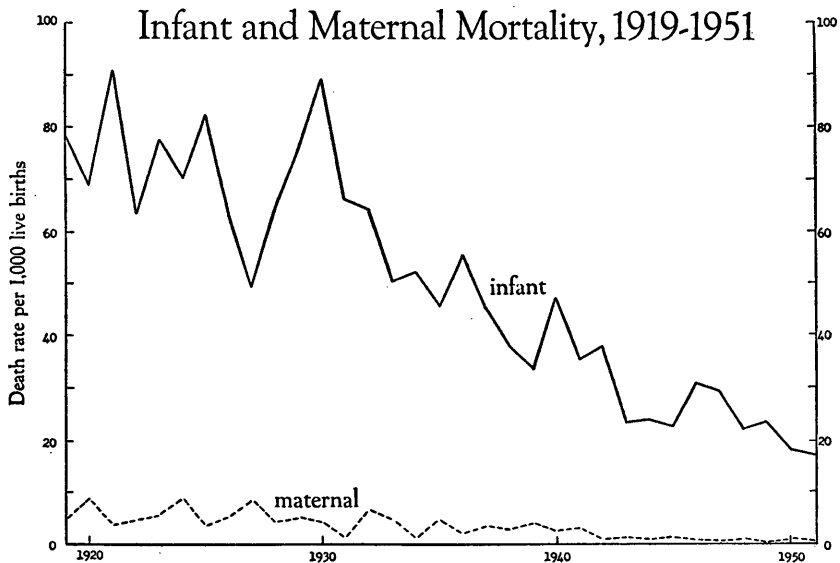


Rabies

While we had no reported cases of rabies in humans or animals last year, there is a potential danger as long as rabies exists in nearby communities. Educational programs were aimed at dog owners to get them to immunize their dogs. Vaccination clinics were set up by the Health Department with the help of our private veterinarians. About one-third of the total dog population was immunized.

SAFEGUARDING THE HEALTH OF MOTHERS AND SMALL CHILDREN

Since 1919, the first year for which statistics are available, the death rate for children under one year of age has decreased about 75%. With more mothers receiving expert medical and hospital care, the dangers at this critical time of life are much fewer. Deaths among mothers due to pregnancy and childbirth have fallen to a very low level.



An important responsibility of the Health Department is to promote medical supervision for all expectant mothers and all children. Most of the care in our County is given by private physicians. For families which cannot afford it, the Health Department provides prenatal and postnatal supervision through its maternity clinics and supervision of well children in child hygiene clinics. Expectant mothers and children are usually seen at the same clinic sessions, which are held regularly in each of the twelve health centers.

Health of the Mother

Of about 6,000 new mothers in our County in 1952, 327, or 5%, received direct supervision from the Health Department.

Each made about three visits to a maternity clinic—two before and one after childbirth. The clinic doctor is a private physician doing this work for the Health Department on a part-time basis. Blood and urine specimens are taken which are examined in the Health Department laboratory.

Special consultation service for difficult or abnormal cases is available through the Maryland Department of Health. The public health nurse in the area helps the patient to make plans for herself and her baby, including hospitalization, adequate nutrition for expectant mother and new born baby, and the care of the infant. All clinic patients are encouraged to have a personal physician, for clinics can not and should not replace the medical supervision of a person's own doctor.



To safeguard mothers and infants, the Health Department supervises and licenses midwives in order to make sure they are well trained. The number of midwives in the County is steadily decreasing. There are now only four midwives and one nurse midwife.

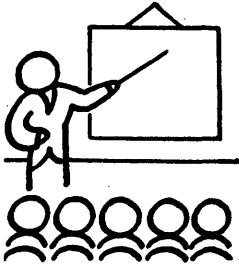
Health of the Child

The child hygiene clinics are held periodically for well children only. Parents bring their children (new-born to six years of age) and receive guidance and information on how to keep their children healthy. These children receive immunizations—an important step in the control of smallpox, tetanus, diphtheria and whooping cough. They may also be seen by the County dentist, who gives treatment when necessary. If, by chance, a sick child attends clinic, the attending doctor will examine the child and will impress upon the mother the importance of seeking immediate medical attention from a private physician.

The Health Department cooperates with the Welfare Board in assuring a healthful home environment for all children who are adopted or living in foster homes. Our sanitarians check on the water supply, sewage and garbage disposal, and safety factors.

HEALTH PROTECTION AND GUIDANCE FOR SCHOOL CHILDREN

The primary responsibility for the health of children rests with parents or guardians who have the obligation of providing adequate medical and dental care and such home conditions as are conducive to good health. As children mature, they gradually assume responsibility for their own health.



The Board of Education and the Health Department cooperate with each other through the School Health Council, supplementing and reinforcing the efforts of the home. The Health Department also works with parochial and private schools toward the provision of a good school health program. Together with the parents and other groups concerned, the schools have an obligation to provide conditions and educational services conducive to the good health of our 38,000 school children.

The School Environment

Before a new school is built the Health Department plans with the Board of Education to insure a healthful school building and grounds. Consideration is given to health rooms, cafeterias, heating, lighting, ventilation, safety, drinking fountains, toilets and washrooms.

Our sanitarians make periodic visits to school cafeterias similar to their visits to public restaurants. They make annual environmental surveys, and report to school authorities so that improvements and repairs can be made in the interest of health and safety.

Health Services

The emphasis in the school health program has shifted. Instead of examining all children routinely and giving them all immunizations, they are encouraged to seek health supervision from their own doctors and dentists. School doctors are called in to examine those who cannot afford private care, and those needing a medical interpretation.

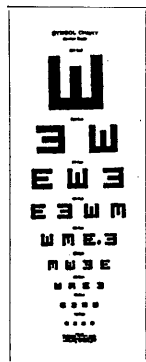
Even before a child begins school, an attempt is made to get him off to a good start. Pre-school conferences are held each spring in elementary schools for children planning to enter school the following fall. A health record is begun which will be used all the way through school and will provide school people with the information they need for individual planning for each child. Parents are encouraged to use their family doctors for the necessary examinations and immunizations, which should be completed in the spring or early summer.

In addition to requiring physical examinations before entrance to school, all athletes are required to have examinations before participation in competitive sports. Whenever possible this is done by the child's personal physician.

While communicable disease control is not as important in schools as it once was, it still remains a necessary part of the school health program. The nurse in each school will institute such measures as are necessary to prevent the spread of disease. Ringworm, measles, chickenpox, mumps, scarlet fever, impetigo and other infections still remain problems, sometimes requiring exclusion from school for the safety of other children.

Plans are worked out in each school for first aid facilities and for the care of children who become sick or injured while in school.

Under the supervision of public health nurses, many screening procedures are carried out as a means of discovering children who may need special medical or educational attention. Vision testing, weighing and measuring, and chest X-raying are done regularly. Audiometric testing is done by the Board of Education once for every child in the 2nd or 3rd grades. Parent volunteers often help with some of these tests. The importance of continuing these screening examinations is attested to by the findings. This year 1,127 children with unsuspected vision defects were found.



Teachers play an important part in the health program. They have the opportunity to make observations which can be extremely important in discovering illnesses or impairments in individual children. An important part of the school health program is carried on through nurse-teacher conferences. With the nurse and teacher working together, a better understanding of the child is possible, and plans can be worked out for handling special health problems.



In addition to help from private physicians, special help in meeting problems of adjustment may be obtained from the psychological and pupil personnel workers in the Board of Education, and from the guidance counselors in the schools. Help is also available from the Mental Hygiene Clinic, the Juvenile Court, or from any of the consultation clinics described on page 13.

Health Education

Health instruction to influence knowledge, attitudes and behavior, is a responsibility of the school system. The Health Department cooperates to provide consultation service and resource materials to school administrators, principals, and teachers.

Montgomery County's first health education workshop for curriculum construction on the Jr.-Sr. High School level took place in the summer of 1952. Curriculum development is a continuing process and last summer's work should be looked upon as a good beginning. The Health Department worked with the Board of Education staff in planning for this month-long workshop, and several staff members participated in the development of the curriculum.

Personnel from the Health Department, Board of Education, and other agencies are continuing to work together for an improved health education program in all grades.

SERVICES FOR THE HANDICAPPED

In our County there are many persons with physical handicaps which keep them from leading a happy, productive life. Recent work in the fields of polio, cerebral palsy and other crippling conditions indicate that much can be done in overcoming handicaps which were formerly considered hopeless.

The following specialized clinics, established under the Crippled Children's Program of the Maryland State Department of Health and the U. S. Children's Bureau, were held during 1952.

Cardiac
Prevention of Deafness
Speech (Diagnostic)
Orthopedic
Cerebral Palsy
Seizure
Plastic Surgery

Most of these are consultation clinics designed primarily to diagnose difficult or unusual cases.

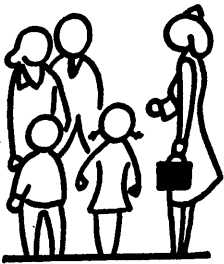
The Plastic Surgery Clinic was started during 1952. Children with disabilities such as harelips, cleft palates, burns, birthmarks or other malformations may be seen in a diagnostic clinic in Rockville. It is planned that there will be two of these each year. Surgery was recommended for 19 of the 20 children seen in 1952. The operations were performed in Baltimore hospitals.

In addition to the Crippled Children's Program, two other clinics are held for the prevention or correction of handicapping conditions in adults as well as children. These are the eye clinic and the adult dental clinic. The dental clinic provides treatment as well as diagnostic service. Patients are limited to those unable to pay for private care.

As far as possible all Health Department clinics are conducted by physicians practicing in the County. Fortunately, Montgomery County is now well supplied with specialists needed for most of these services. Specialists connected with Baltimore hospitals who formerly visited the County to conduct these clinics are now serving as coordinators between the County and State services and are advising County doctors in difficult cases.

Children are referred in to the clinics by their physicians, school personnel, public health nurses, or the staff members of community agencies. After diagnostic service at the clinic, plans for the treatment of the child are made by the doctor, the nurse, and the medical social consultant in case conferences with other agencies working with the child, e.g. the Board of Education, Welfare Board, Vocational Rehabilitation, the private physician, Social Service League, Mental Hygiene Clinic, Polio Foundation, Cerebral Palsy Association and the Society for Crippled Children and Adults and others.

The public health nurse coordinates all phases of the treatment of the child, always working closely with the family physician. She arranges for clinic, hospital, social service, and laboratory services. She evaluates the home situation, and if necessary, gives bedside care or teaches someone in the family to give it. She may make arrangements for the child's education through special classes or home teaching. She tries to help the family and others working with the child to understand the nature of the handicap and what it means to the child.



The medical social consultant works with nurses, other staff members and with the family to help them understand their own difficult personal and social problems and to aid them in finding solutions.

Considerable use is made of our laboratory facilities in this program in testing blood and urine for presence of abnormalities.

The number of people in our County with handicapping conditions is not known. As people gradually come to realize that these conditions can be improved, the true magnitude of the problem will be revealed and plans can be developed for adequate, well-rounded care.

PREVENTING OR EASING THE BURDEN OF LONG-TERM ILLNESS

As we are better able to control the spread of communicable disease and to protect the health of mothers and children, more people are living to an age where long-term chronic illnesses become prevalent. Medical research has not progressed to the point where we can do much about the prevention of such problems as heart disease, cancer and mental illness, but we are at least able to ease the burden.

Problems of the Aging — We are fortunate in having a Committee on Aging in our County to study needs and make plans for meeting them. So far the Committee's chief accomplishment has been to provide recreational opportunities through clubs and church groups.



Dr. V. L. Ellicott, our Health Officer, spent two and a half months in Denmark and England to study hospital and medical services for the aged and chronically ill. His observations will be helpful in developing those County programs which will be integrated with the chronic disease hospitals, operated by the Maryland State Department of Health. The trip was made possible through a World Health Organization fellowship.

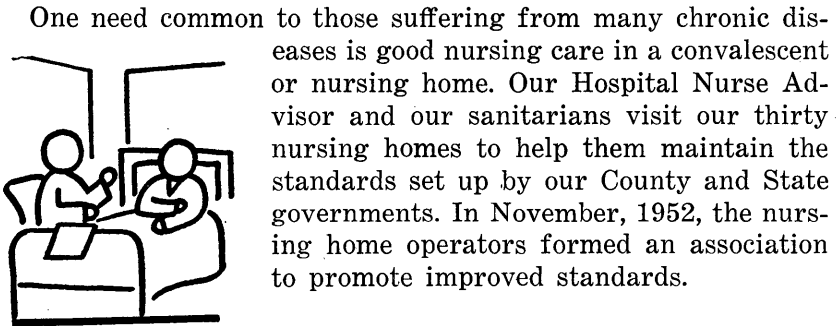
The following activities are carried on in our County in an effort to cut down the dangers of chronic diseases:

Heart Disease—Our cardiac clinic for children is attempting to prevent organic heart conditions, and thus, lessen disability in older ages.

Cancer—The Cancer Detection Clinics, operated jointly by the Health Department and the Maryland Cancer Society, examine about one hundred apparently well adults each year in an effort to find cancer in an early stage when most cases can be cured.

Diabetes—To find cases of early diabetes, a detection drive is carried on each November. In 1952, 3,908 urine specimens were examined. Twenty-seven of these were positive for sugar. Further tests are necessary for diagnosis.

Nursing Homes



MENTAL HEALTH

The problem of preventing mental illness is a concern of the Health Department. In every activity an effort is made to help people face their problems realistically and handle them constructively.

For persons with severe emotional problems, a Mental Hygiene Clinic is operated daily in Rockville. The Clinic is supported with local Community Chest and Maryland tax funds. Coordination of its activities with those of the Board of Education and the Health Department is achieved through a Joint Planning Committee.

To avoid the use of the jail for the temporary care of mentally distraught persons who cause disturbances at night or over weekends, our public health nurses are on call to arrange with the police, private physicians, or the Maryland Mental Hospitals for some other plan. During the regular work week this is a function of the Welfare Board.

MEDICAL CARE

For people whose income is below an established scale—a scale lower than that for public assistance—the State Legislature has appropriated money for a Medical Care Program. The County Health Department, as a branch of the State, certifies patients to receive care from their own doctors. In our County 1.3% of the population is so certified.

Health Department Administration

The Health Department is one of eight departments of the County government. At the same time it functions as a branch of the State Department of Health. It operates under a physician trained in public health who carries the title of County Health Officer under the County government and Deputy State Health Officer under the State. The Health Officer is therefore responsible to the County Manager and County Council and to the Director of the State Health Department.

MONTGOMERY COUNTY COUNCIL

The elected County Council, along with its many other responsibilities, functions as a County Board of Health. It is empowered to adopt health ordinances and regulations.

George F. Nesbitt, President

Louis A. Gravelle
Harold F. Hammond
J. Louis Monarch

Lathrop E. Smith
Grover K. Walker
Mrs. Stella B. Werner

Irving G. McNayr, County Manager

ADVISORY HEALTH COMMITTEE

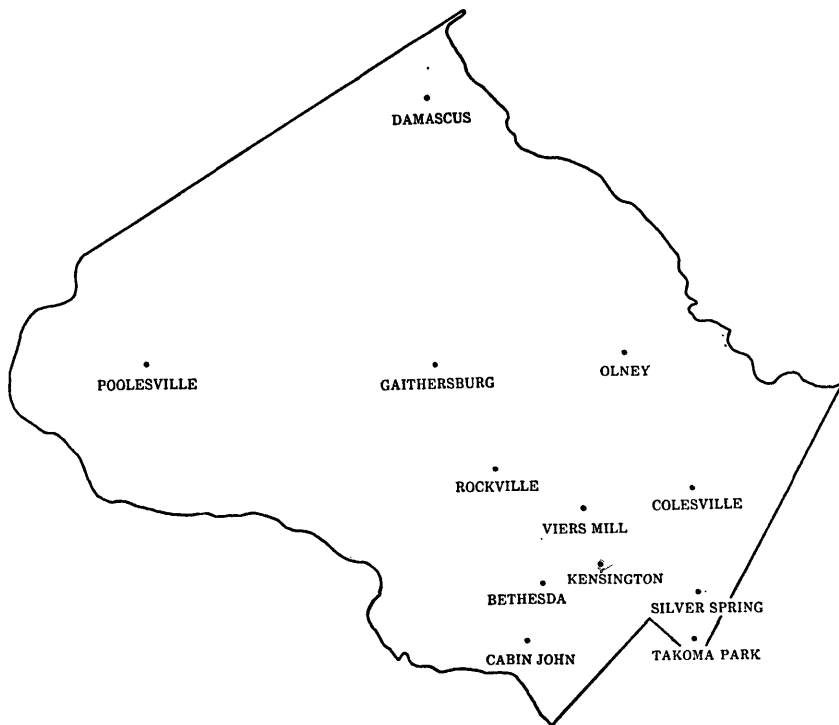
To advise the County Council, the County Manager and the Health Officer, the County Council has created an Advisory Health Committee. This group meets with the Health Officer once a month.

J. W. Bird, M.D., Chairman
Allan B. Fay, Vice-Chairman

John G. Ball, M.D.
Mrs. Dexter Bullard
William Ditzler, D.D.S.

J. R. Heller, M.D.
Mrs. Parlett Moore
Walter S. Pratt, Jr.

The central offices of the Health Department are in Rockville. Because of the large geographical area involved, eleven additional health centers have been set up throughout the County as indicated on the map below.



Location of the 12 Health Centers of the Health Department

The Health Department's part in the total health program is accomplished by its staff as described on the last page of this report. In meeting almost every community need, the approach is necessarily that of a team—medical, nursing, engineering, educational, laboratory and clerical skills all playing a part.

EXECUTIVE OFFICE

The Health Officer and the Executive Office supervise and coordinate the programs of the five divisions and administer the registration of vital statistics. The Health Educator is also a part of the executive office as her work cuts across all divisions as well as reaching out into the community.

DIVISION OF CLINICAL SERVICES

The Division of Clinical Services operates under the direction of a physician, and includes on its staff a physician in charge of the school health program, a dentist, a medical social consultant and a supervising nurse. Private physicians from the community usually serve as the clinicians. The nurses in the health centers play an important part in these services.

CLINICAL SERVICES FOR 1951-52

Name of Service	No. of Patients		Clinic Visits		No. of Clinics	
	1951	1952	1951	1952	1951	1952
Maternity	378	327	1,245	1,010	229	252
Infant and Pre-school	2,461	2,351	5,097	4,849	292	312
Doctors' Sessions in Schools ...	3,523	2,407	5,136	2,527	353	283
Dental Clinics	1,546	1,335	1,725	1,712	238	225
School Inspections	6,955	6,754			39	35

	New Patients		Clinic Visits		No. of Clinics	
	1951	1952	1951	1952	1951	1952
Cardiac	111	115	345	373	23	24
Prevention of Deafness	313	296	856	803	46	41
Speech (Diagnostic)	190	140	200	149	10	11
Orthopedic	100	104	165	167	4	4
Cerebral Palsy	19	14	97	73	4	4
Seizure	31	32	100	127	12	12
Plastic Surgery		20		28		2
Eye	630	596	1,092	1,104	79	73
Cancer Detection	118	80	118	82	11	9
Venereal Disease	201	100	487	341	60	46

DIVISION OF NURSING SERVICES

The nursing division is the largest in the Health Department. Some of the public health nurses have special assignments such as supervision of nursing homes, civil defense, school nursing, supervision of tuberculosis nursing and licensing of midwives. Twenty-six work in assigned districts, each responsible for all the nursing services in her area.

The average district contains 7,000 population. The nurse: (1) works in 3 or 4 schools, (2) gives bedside nursing to one or two persons per day, (3) helps in about two health department clinics each week, makes arrangements for her patients through conferences with Health Department doctors, medical social workers and supervising nurses or with representatives of the Welfare Board, Juvenile Court, Social Service League and other agencies, (4) emphasizes health education in her work with patients, in meeting with various committees and organizations and in her schools. The nurse's work is not easy. She encounters many difficult problems. She continuously receives more requests for service than she has time to answer, so she must plan carefully, selecting the most needy calls and declining the others.

NURSING ACTIVITIES

	1951	1952
Number of Families Receiving Service, Rural.....	2,205	2,275
Number of Families Receiving Service, Suburban.....	2,315	2,244
Home Visits, Total, Rural.....	7,681	6,887
Home Visits, Total, Suburban.....	8,393	7,844
Sessions in Clinics, Rural.....	805	961
Sessions in Clinics, Suburban.....	684	626
Visits to Schools, Rural.....	856	1,142
Visits to Schools, Suburban.....	1,236	1,668
Bedside Nursing Visits, Rural.....	936	915
Bedside Nursing Visits, Suburban.....	1,651	1,521
Average Number of Nurses on Duty.....	33.9	39.2

DIVISION OF SANITATION

The Health Department's sanitation service is under the direction of an engineer trained in public health. Five of the sanitarians, all except the supervising sanitarian, work in assigned geographical areas, meeting any needs which arise. Each sanitarian inspects restaurants, dairy farms, septic tanks, milk plants, schools and swimming pools. The average geographic area covered by each is 100 square miles.

SANITATION ACTIVITIES

	1951	1952
Total Number of Sanitation Field Visits	6,193	6,736
Average Number of Sanitarians on Duty	5.7	6.3
Pasteurization Plants at Close of Year	4	3
Average Interval Between Inspections (days)	24.7	29
Milk Samples Examined	89	91
Eating Places Under Inspection at End of Year	304	384
Places Which Passed Inspections on at Least Three Out of Four Occasions	234	300
Average Interval Between Inspections (days)	124	161
Number of Degradings from A to B	2	0
Septic Tanks Installed Under Permit	424	523
Average Visits Per Installation	5	5
Excreta Disposal Nuisances Abated	80	72
Other Nuisances Abated	232	172
Schools and Institutions Under Supervision at Close of Year	177	188
Subdivision Plats Tested and Reviewed	12	40
Swimming Pool Inspections	98	117

DIVISION OF LABORATORY SERVICES

The Laboratory, also located in Rockville, is a branch laboratory of the Maryland State Department of Health. It is headed by a trained bacteriologist who is assisted by four others.

LABORATORY EXAMINATIONS

	1951	1952
Nose and Throat	873	577
Parasites	3,798	4,248
Tuberculosis	1,811	1,907
Hematology	5,147	3,993
Other Clinical	314	397
Urine	7,854	7,425

DIVISION OF TUBERCULOSIS CONTROL

The staff of the Division of Tuberculosis Control includes a physician, a medical social consultant, a nurse supervisor, and two X-ray technicians. The public health nurses are also an important part of this program.

TUBERCULOSIS STATISTICS

	1951	1952
New Cases Reported	305	277
Number of These Cases Active	89	94
Deaths from Tuberculosis	26*	**
Active Cases on Tuberculosis Register at End of Year	203	210
Number of These in Hospitals	67	59
Number of Nurses' Home Visits	2,336	2,248
Visits of Patients to Chest Clinics	5,490	4,227
Number of Hospital Patient Days	23,215	23,042
Casework Interviews by Medical Social Consultant	560	562

* The provisional figure of 18 was published last year.

** Final figure not yet available. In the future provisional figures will not be published.

FINANCIAL REPORT

Health Department Budget

For the year beginning July 1, 1952

Division	County Amount Appropriated	State and Federal	Total
Executive Office	\$ 31,342.00	\$ 11,670.00	\$ 43,012.00
Clinical Services	49,917.00	40,986.00*	90,903.00
Nursing Services	172,675.00	32,162.00	204,837.00
Tuberculosis Control	27,213.00	6,850.00	34,063.00
Laboratory Services	10,648.00	9,242.00	19,890.00
Sanitation	32,772.00	4,975.00	37,747.00
Totals	\$324,567.00	\$105,885.00	\$430,452.00

* Not including \$53,818.00 appropriated by State Health Department for Medical Care Program.

VITAL STATISTICS

Births and Deaths

NOTE—1952 births and deaths are not listed because only preliminary figures are available. Preliminary figures differ widely from final figures.

	Number		Rate	
	1950	1951	1950	1951
Live Births *				
Total	4,740	5,478	28.4	31.4
White	4,402	5,122	28.3	31.3
Colored	338	356	31.8	32.9
Deaths Under One Year **				
Total	83	93	17.7	17.0
White	75	80	17.0	15.6
Colored	8	13	23.7	36.5
Deaths All Ages * .				
Total	1,139	1,223	6.8	7.0
White	1,012	1,103	6.5	6.7
Colored	127	120	11.9	11.1

Deaths by Leading Causes

(as listed by the Maryland State Department of Health)

	Number		Rate ***	
	1950	1951	1950	1951
Diseases of the Heart	380	482	228.0	276.2
Cancer	186	182	112.8	104.3
Cerebral Hemorrhage	85	115	50.9	65.9
All Accidents	67	75	40.1	43.0
Tuberculosis, all forms	19	26	11.4	14.9
Diseases of Early Infancy	57	61	34.2	35.0
Pneumonia	29	14	17.4	8.0
Diabetes	38	23	22.7	13.2
Arteriosclerosis	29	40	17.4	22.9
Nephritis	78	19	46.8	10.9

* Rate per 1,000 population.

** Rate per 1,000 live births.

*** Rate per 100,000 population.

POPULATION

	1950	1951	1952
As of July 1st.....	166,413	174,462	182,511

STAFF

(Full-time Personnel as of April 1, 1953)

Executive Office

Health Officer—V. L. Ellicott, M.D., Dr. P.H.
Assistant Health Officer and Chief, Division of Clinical Services—
Audrey J. McDonald, M.D.
Administrative Assistant—Solomon Gladstein, B.A.
Health Educator—Jeanne E. Wright, M.P.H.
Secretary—Annette Gearhart
Other full-time employees (all clerical)—5

Division of Clinical Services

(Under direction of Assistant Health Officer)
School Health Consultant—Harold Mitchell, M.P.H., M.D.
Dental Clinician—Roy H. Bridger, D.D.S.
Nurse Supervisor—Marion Weber, R.N., B.S.
Medical Social Consultant—Lily Baral, M.S.
Medical Social Consultant (Psychiatric)—Rosemary Crowe, M.S.W.
Physical Therapist—Helen V. T. Carman
Other full-time personnel (all clerical)—6

Division of Nursing Services

Chief Nurse—Sadie Gladwin, R.N., B.S.
Assistant Chief Nurse—Katherine G. Johnson, R.N.
Nurse Supervisor—Florence T. Garrett, R.N., M.P.H.
Nurse Supervisor—Elizabeth Jones, R.N.
Nurse Supervisor—Ruth Rokahr, R.N.
School Nurse Supervisor—Louise Denison, R.N., B.S.
(For additional Nurse Supervisors see Divisions of Clinical
Services and Tuberculosis Control)
Hospital Nurse Adviser—Virginia B. Maxwell, R.N.
Other full-time employees: Public Health Nurses—31, Clerical
Staff—5

Division of Tuberculosis Control

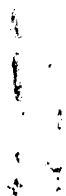
Chief—Karl F. Welte, M.D.
Medical Social Consultant—Emma Thomas, M.S.
Supervising Tuberculosis Nurse—Catherine Crompton, R.N., B.S.
Tuberculosis X-ray Technician—Vacant
Other full-time employees: Assistant X-ray Technician—1,
Clerical Staff—3

Division of Laboratory Services

Chief—Ruby H. Manter, A.B.
Laboratory Assistants—4

Division of Sanitation

Chief—Reinhart W. Koch, M.P.H.
Supervising Sanitarian—Norman E. Pennington, B.S.
Other full-time employees: Sanitarians—5, Secretary—1



Appendix C-4

Annual Report of the Juvenile Court
January 1, 1951 to December 31, 1951

COMPARISON TABLE

	<u>1949</u>	<u>1950</u>	<u>1951</u>
Complaints received	1,000*	1,201	1,397
Number of formal cases	508	658	900
Number of informal cases	213	543	497
Number of behavior cases	377	742	971
Number of dependency cases	344	459	426
Number of Court hearings			921
Children involved in Court hearings			765
Adults involved in Court hearings			23

* 279 complaints were disposed of upon the initial investigation and were not carried as either formal or informal

TRAFFIC VIOLATIONS

	<u>Under 15</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>Male</u>	<u>Female</u>	<u>White</u>	<u>Negro</u>
Complaints Processed	7	12	99	172	277	13	277	13
Complaints pending 12/31	0	1	7	13	21	0	20	1
Total	7	13	106	185	298	13	297	14

Disposition

Pending 1/1/51		15
Received during year		<u>311</u>
		<u>326</u>
Placed on probation	115	
Probation continued	19	
Cases continued	21	
Fined	36	
Sentence suspended	79	
Cases dismissed	35	
Cases pending	<u>21</u>	
		<u>326</u>

Juvenile Court Report, 1951, continued

DEPENDENCY CASES

	Under 6	6-8	9-12	Over 12	White	Negro	Male	Female
Formal	<u>135</u>	<u>74</u>	<u>51</u>	<u>62</u>	<u>233</u>	<u>89</u>	<u>381</u>	<u>141</u>
Informal	<u>53</u>	<u>20</u>	<u>16</u>	<u>15</u>	<u>75</u>	<u>29</u>	<u>49</u>	<u>55</u>
Total	188	94	67	77	308	118	230	196

Area

	Upper County	Eastern	Western	Out-of-County
Formal	235	47	40	0
Informal	<u>66</u>	<u>27</u>	<u>8</u>	<u>3</u>
Total	301	74	48	3

Disposition

Pending 1/1/51	7
Received during year	<u>426</u>
	<u>433</u>
Committed to Welfare Board	90
Commitments to Welfare Board rescinded; cases continued	30
Commitments to Welfare Board rescinded; cases closed	36
Commitments to S.S.L. rescinded; cases continued	3
Commitments to S.S.L. rescinded; cases closed	5
Support orders	48
Support orders rescinded	9
Dismissed	5
Committed to institutions	6
Crownsville	3
Rosewood	3
Continued for further study	89
Referred to other agencies	14
Closed after investigation and plan made	76
Pending end of year	<u>22</u>
	<u>433</u>

Adult Cases

	Number of Cases	Disposition
Contempt of Court	<u>19</u>	19 Guilty
Contributing to Delinquency of Minors	4	1 Guilty; 3 Pending
Paternity	4	3 Paternity established; 1 cont.

Juvenile Court Report, 1951, continued

BEHAVIOR CASES OTHER THAN TRAFFIC

	Under									White	Negro	Male	Female
	<u>10</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>				
Formal	5	7	18	15	19	38	74	43	48	213	54	211	56
Informal	40	29	27	46	50	71	59	46	25	358	35	336	57
	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	45	36	45	61	69	109	133	89	73	571	89	547	113

Disposition

Pending 1/1/51		46
Received during year		<u>660</u>
		<u>706</u>
Referred to other agencies	33	
Complaints not justified	68	
Runaways returned home	7	
Moved from County	5	
Closed after restitution	78	
Closed after investigation	107	
Warned and closed	95	
Dismissed	16	
Placed on probation	118	
Probation continued	16	
Committed to training schools	30	
Hawthorne Cedar Knolls	1	
Maryland Training School for Boys	19	
Montrose School for Girls	1	
Barrett School for Girls	3	
Boys Village of Maryland	2	
House of Good Shepherd	1	
Spring Grove Hospital-	1	
Rosewood Training School	2	
Welfare Board foster homes	3	
Continued by Court action	81	
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Juvenile Court Report, 1951, continued

BEHAVIOR CASES

Offense	Upper County	Eastern	Western	Out-of-County
Arson		3		
Assault	5	8	3	
Auto Theft	3	7	13	7
Disorderly	6	5	8	2
Housebreaking	32	11	22	11
Other	11	7	4	
Out of Control	28	12	8	1
Runaway	6	7	6	11
Sex Delinquent	6	10	4	2
Shoplifting	2	25	1	
Theft	28	41	32	14
Traffic	65	83	110	53
Truancy	61	15	2	
Vandalism	31	68	61	10

Appendix C-5

MONTGOMERY COUNTY MENTAL HYGIENE CLINIC
Rockville, Maryland
Eighth Annual Report - April 1, 1951 to March 31, 1952

COMPARATIVE STATISTICAL REPORT OF SERVICES

	<u>1/1/50 to</u> <u>12/31/50</u>	<u>1/1/51 to</u> <u>12/31/51</u>	
Total Cases Served	221	239	
New Cases	108	100	
Adults	58	36	
Children	55	64	
Cases Served Each Month (Average)	56	56	
Persons Given Advice and Information, on which no case was made	330	299	
Visits to clinic by patients	1467	1353	
Type of Service on New Cases from 1/1/51 to 12/31/51:			
	Adult	Child	Total
Treatment	28	36	64
Diagnosis & Consultation	8	28	36
	<u>36</u>	<u>64</u>	<u>100</u>

In all of the above statistics, "children" cases always include one other member of the family and often several others. If more than one member of the family comes to the clinic at the same time, it is still counted as only one visit.

Sources of Referral

Legal Agencies	17	11
Medical Agencies	31	31
Social Agencies	6	5
Schools	21	21
Self	11	10
Members of Patient's Family	21	19
Others	1	3
	<u>108</u>	<u>100</u>

Areas from which New Patients Came to Clinic

Rockville	19	17
Silver Spring, Takoma Park, Viers Mill Village	46	34
Bethesda and Chevy Chase	12	20
Kensington, Garrett Park, and Wheaton	5	13
Cabin John, Glen Echo	4	4
Laurel (Montgomery County)	1	1
Upper County	17	15
Out of county and unidentified	4	1
	<u>108</u>	<u>100</u>

Respectfully submitted,

/s/ Christopher T. Bever, M. D.
Christopher T. Bever, M. D.
Clinic Director

Appendix C-6

SOCIAL SERVICE LEAGUE OF MONTGOMERY COUNTY

ANNUAL REPORT

Financial Report
1952

Operating Income:

Community Chest and Council of Montgomery County	\$ 40,472.66
Fees and Refunds	7,050.87
Contributions	<u>413.00</u>

Total Operating Income \$ 47,936.53

Operating Expenses:

Professional and Administrative Salaries	\$ 20,934.71
Clerical and Maintenance Salaries	5,976.41
Children's Board and Medical Care	12,470.82
Material Relief	2,615.91
Maintenance and Operating Costs	5,546.54
Operating Balance	<u>392.14</u>

Total Operating Expense \$ 47,936.53

Fund for Restricted Purposes:

Carried Forward	\$ 846.74
Receipts	<u>562.30</u>
Total	\$ 1,409.04

Expenditures 658.22

Balance \$ 750.82

Statistical Report
1952

Families Given Casework Service	376
Children Received Care	65
Children Placed in Adoption	15
Days Care Provided in Foster Homes	8,650
Homes Offered for Foster Care or Adoption	182

APPENDIX D

PUBLICATIONS OF THE COMMISSION FOR YOUTH
FOR MONTGOMERY COUNTY

Appendix D-1

DIRECTORY OF SERVICES
ORGANIZATIONS AND AGENCIES FOR YOUTH
OF
MONTGOMERY COUNTY, MARYLAND

PREPARED BY VOLUNTEERS FOR
THE MONTGOMERY COUNTY COMMISSION FOR YOUTH
NOVEMBER, 1951

DIRECTORY OF SERVICES
ORGANIZATIONS AND AGENCIES FOR YOUTH
of
Montgomery County, Maryland

Prepared by Volunteers for
The Montgomery County Commission for Youth
November, 1951

Copies Available from the Secretary
Miss Marguerite Stone
Gaithersburg High School
Gaithersburg, Maryland
Price 25¢

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Rotary International and Inner Wheel.....	76;77
Soroptimist Club of M. C.	80
Venture Club of M. C.	86
Seventh-day Adventist Schools.....	78
Slow Learner's Classes.....	11-D;85
Social Service Exchange.....	79
Social Service League of M. C. 1.....	80
Special Case Committee.....	60-E
Special Education.....	11-D;-E;85
Special Education Parents' Group.....	81
Special Services Committee.....	26;52
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Board of Education.....	11-I
Community Chest and Council.....	52
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Volunteers.....	6;87
Transportation for Medical Care.....	60
American Red Cross.....	6
Division of Vocational Rehabilitation.....	30
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Truancy.....	11-D
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Clinics.....	60
Detection Surveys.....	68
Home Cure Nursing Service.....	60
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Unmarried Parents	
Consultation and Planning.....	8;55;80
Adoption Services.....	8;55;80
Prenatal Medical and Boarding Care.....	8;55;60;80
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Board of Ed. (Guidance Counselors and Diversified Occupations Program).....	11
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AAUW.....	5
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Board of Education.....	11-D;-I
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AAUW.....	5
Juvenile Court Committee.....	40
M. C. Civic Federation.....	50
M.C. Federation of Women's Clubs.....	58
Young Men's Christian Association.....	89
Young Women's Christian Association.....	90

ORGANIZATIONS AND AGENCIES

Name, Address, Person to Call	Telephone	No.
1. <u>Advisory Health Commission</u> Dr. J. W. Bird, Chairman Sandy Spring, Maryland	Ashton 2231	1.
2. <u>Allied Civic Group</u> Mr. Robert Snure, President 11050 Old Blandensburg Road Silver Spring, Maryland	Lockwood 5-2455	2.
3. <u>American Legion</u>		3
A. <u>Arnold Wilber Post</u> Ralph Rector 10417 Mannakee Kensington, Maryland	Lockwood 5-8710	
B. <u>Bethesda-Chevy Chase Post #105</u> Edward L. Cogar 6441 Fairfax Road Chevy Chase, Maryland	Oliver 8659	
C. <u>Cissel Saxon Post</u> William B. McKinney		
D. <u>Damascus Post</u> Robert Cline Monrovia, Maryland		
E. <u>Mark R. Stone Post</u> Irvin L. Ulrick 8 Vassar Circle Glen Echo, Maryland	Wisconsin 1621	
F. <u>Gaithersburg Post</u> Frederick Stolz 433 N. Frederick Ave. Gaithersburg, Maryland	Gaithersburg 215	
G. <u>Johnson-Hood Graham Post (Negro)</u> Mr. Leslie I. Gaines Sandy Spring, Maryland	Ashton 5495	
H. <u>Norman Price Post</u> Mr. David Brigham Sandy Spring, Maryland	Ashton 2086	
I. <u>Rockville Post</u> Mr. Robert Slater 1027 Paul Drive Rockville, Maryland	Rockville 2316	
J. <u>Takoma Park Post</u> Mr. James L. Iverson 8510 Greenwood Ave. Takoma Park, Maryland	Sligo 3090	

<u>Name, Address, Person to Call</u>	<u>Telephone</u>	<u>No.</u>
<u>4. American Legion, Women's Auxillary</u>		4.
A. Cissel-Saxon Post		
Mrs. J. O. Youngblood	Randolph 6023	
6918 Willow Street. N. W.		
Takoma Park, D. C.		
B. Post #151 (Negro)		
Mrs. Florence Marshall	Ashton 6791	
Spencerville, Maryland		
<u>5. American Association of University Women</u>		5.
A. Bethesda Branch		
Mrs. Clifford A. Betts, President	Wisconsin 3725	
16 Winston Drive		
Bethesda, Maryland		
B. Kensington Branch		
Mrs. Everett F. Davis, President	Oliver 9006	
10209 Connecticut Ave.		
Kensington, Maryland		
C. Silver Spring Branch		
Mrs. Marian P. White, President	Sligo 1587	
1912 Glen Ross Road		
Silver Spring, Maryland		
<u>6. American Red Cross, Montgomery County Chapter</u>		6.
4711 Highland Avenue		
Bethesda, Maryland		
Mrs. Margaret Flewharty, Director	Oliver 3296	
<u>7. Association of Independent Schools of Montgomery County</u>		7.
Ernest Kendall, President		
Alexander School	Shepherd 9334	
10315 Old Blandensburg Road		
Silver Spring, Maryland		
<u>8. Barker Foundation</u>		8.
6900 Wisconsin Avenue	Oliver 0575	
Bethesda, Maryland		
Mrs. Gladys Schubert		
<u>9. Bethesda Community Service Council</u>		9.
Carey E. Quinn, President	Wisconsin 2355	
114 Del Ray Ave.		
Bethesda, Maryland		
<u>10. B'Nai B'Rith</u>		10.
A. Russell Malamut	Sligo 2153	
9204 Glenview Road		
Silver Spring, Maryland		
B. Mrs. Harry B. Solomon	Shepherd 3717	
9612 Wire Ave.		
Silver Spring, Maryland		

<u>Name, Address, Person to Call</u>	<u>Telephone</u>	<u>No.</u>
<u>11. Board of Education of Montgomery County</u> Rockville, Maryland		11.
A. Mrs. Ben B. Baylor, Jr. Pres.	Wisconsin 6661	
B. Edwin W. Broome, Superintendent	Rockville 3981	
C. William B. Evans, Administrative Asst.		
D. T. H. Owen Knight, Pupil Personnel		
E. William C. Feddeman, Adult, Voc. Ed.		
F. Mrs. Louise Walker, Audio-Visual Ed.		
G. Mrs. Mary C. Singles, Home Teaching	Whitehall 0280	
H. Helen Collins, Lip Reading	Gaithersburg 500	
I. Mrs. Aaron B. Nadel, Chairman	Shepherd 6836	
Committee on School-Community Relations		
<u>12. Boy Scouts</u> 400 Sixth Street N. W. Washington, D. C. Daniel W. Bell, Pres. Delmer Wilson, Executive Director William Condon, Field Director	National 7963	12.
<u>13 Business and Professional Women's Club</u> Geneva B. Olds 916 Thayer Avenue Silver Spring, Maryland	Shepherd 1029	13.
<u>14. Camp Fire Girls</u> 1721 Eye Street N. W. Washington, D. C. H. Raymond Gregg, Pres. Miss Dorothy Finley, Executive Director Mrs. Grace Albritton, Field Director	Republic 8363	14
<u>15. Catholic Schools</u> Archocese of Washington 1418 N. Street N. W. Washington, D. C. Very Rev. MSGR. John S. Spence, Director of Education	Sterling 3240	15.
<u>16. Cerebral Palsy Association</u> Richard L. Brown, Pres. 9204 Woodland Road Silver Spring, Maryland	Sligo 3004	16.
<u>17. Chestnut Lodge Sanitarium</u> 500 Montgomery Avenue Rockville, Maryland	Rockville 3941	17
<u>18. Children's House</u> 7615 Old Georgetown Road Bethesda, Maryland	Oliver 8191	18.

Name, Address, Person to Call	Telephone	No.
<u>19. Christ Child Society Farm</u> Rockville, Maryland	Oliver 6622	19.
<u>20. Church Guide</u> Washington Federation of Churches 175 N Street N. W. Washington, D. C.	Decatur 3132	20.
<u>21. Civilian Defense Administration of M. C.</u> County Building Silver Spring, Maryland General George F. Wooley, Director	Juniper 7-5252	21.
<u>22. Civinettes</u> A. Bethesda Mrs. Virginia Cerniglia, Pres. 9614 Page Ave., Bethesda, Md. B. Silver Spring Mrs. Charles Bates, Pres. 1300 Linden Lane Silver Spring, Maryland	Wisconsin 6360 Sligo 6522	22.
<u>23. Civitans</u> A. Bethesda Robert W. Mitchell 7337 Wisconsin Ave. Bethesda, Maryland B. Silver Spring Charles Bates 8403 Georgia Ave. Silver Spring, Maryland	Wisconsin 5465 Shepherd 7280	23.
<u>24. Community Arts Cooperative</u> 2725 Blaine Drive Chevy Chase 15, Maryland Mrs. Lawrence M. Nation	Juniper 7-7098	24.
<u>25. Council of Homemakers' Clubs</u> Mrs. George Ray Jr. Pres. 503 Baltimore Road Rockville, Maryland	Rockville 2535	25.
<u>26. County Council of Parent-Teachers' Associations</u> David L. Weed. President R.D. #3, Box 113, Bethesda, Md. A. Mrs. Fred Kelly, Health B. Mrs. George W. Auxier, Juvenile Protection, Welfare C. Mrs. Aaron B. Nadel, Parent Ed.	Rockville 3243 Wisconsin 8898 Lockwood 5-1363 Shepherd 6837	26.

Name, Address, Person to Call	Telephone	No.
<u>27. County Council of Parent-Teachers' Asso. (Negro)</u> Mr. Noah Clarke Poolesville, Maryland	Poolesville 3394	27.
<u>28. Daughters of the American Revolution</u> A Chevy Chase Chapter Mrs. Frank P. Wilcox 9121 Burning Tree Road Bethesda, Maryland	Wisconsin 3158	28.
B. Col. Tench Tilghman Chapter Mrs. Rudolph J. Bopp 5300 Saratoga Avenue Chevy Chase, Maryland	Wisconsin 1309	
C. Erasmus Perry Chapter Mrs. Elon G. Salisbury 614 Flower Avenue Takoma Park, Maryland	Shepherd 8511	
D. Janet Montgomery Chapter Mrs. J. Dunbar Stone Glenmore, Bethesda, Maryland	Wisconsin 5551	
<u>29. Directory, Health, Welfare and Recreation</u> United Community Services 1101 M Street N. W. Washington, D. C. Price 25¢	Decatur 7330	29.
<u>30. Division of Vocational Rehabilitation</u> State Dept. of Education 4313 Hamilton Street Hyattsville, Maryland Mr. Merl D. Myers, District Supervisor	Warfield 5892	30.
<u>31. Eastern Suburban Area Study Group</u> Mrs. Harold Sampson, Pres. Glen Allen Ave. RFD #1 Silver Spring, Maryland	Lockwood 5-2858	31.
<u>32. Elks</u> A. BPO Silver Spring C. Robert Gray, Pres. 904 Ellsworth Drive Silver Spring, Maryland	Sligo 6100	#"
B. Ladies of the Beatrice Van Noy, Pres. 6980 Livingston Road Oxon Hill, Maryland	Locust 3-7407	
C. Pride of Montgomery (Negro) Robert Johnson, Pres. Spencerville, Maryland	Ashton 5894	

Name, Address, Person to Call	Telephone	No.
<u>33. Exchange Club</u> Mr. Thomas Moffatt 2007 Luzerne Ave. Silver Spring, Maryland	Sligo 4097	33.
<u>34. Girl Scouts</u> 1712 N Street N. W. Washington, D. C. Mrs. John E. Dingwell, President Miss Anne McLean, Executive Director Mrs. Martha Moe, Mrs. Rae Walton, Area Directors	National 0400	34.
<u>35. Home Demonstration Agent</u> Court House Rockville, Maryland Mrs. Edythe M. Turner	Rockville 2121	35.
<u>36. Inter-Club Council</u> Alger Barbee, Pres. 9809 Capital View Ave. Silver Spring, Maryland	Shepherd 4873	36.
<u>37. Inter-High Council</u> William O'Brien, Pres. 7318 Aberdeen Road Bethesda, Maryland	Oliver 1458	
<u>38. Isaac Walton League</u> Mr. Joseph Reardon 956 Thayer Avenue Silver Spring, Maryland	Junper 7-6940	38.
<u>39. Juvenile Court</u> Fisher Building Rockville, Maryland Honorable Alfred E. Noyes, Judge Mrs. Elizabeth Morehouse, Probation, Social Service	Rockville 2121	39.
<u>40. Juvenile Court Committee</u> Mr. Joseph Guandola 8202 Old Georgetown Road Bethesda, Maryland	Oliver 1647	40.
<u>41. Kiwanis Clubs</u> A. Bethesda Dallas P. Fry 9108 Old Georgetown Road Bethesda, Maryland B. Rockville J. Sommerviel Dawson 123 S. Washington Street Rockville, Maryland	Wisconsin 1207 Rockville 2077	41

Name, Address, Person to Call	Telephone	No.
<u>41. Kiwanis Continued</u>		41.
C. Silver Spring Rev. Phillip Edwards 8814 Georgia Ave. Silver Spring, Maryland	Silver Spring 0110	
D. Wheaton William H. Romack 2808 Jennings Road Kensington, Maryland	Lockwood 5-8788	
<u>42. Ki Wives</u>		42.
A. Chevy Chase Mrs. Frank Jaggars 5707 Wisconsin Avenue Chevy Chase, Maryland	Wisconsin 2612	
B. Rockville Mrs. Hazel Manners c/o Francis O. Day Co. 7729 Georgetown Road Bethesda, Maryland	Whitehall 0220	
C. Takoma-Silver Spring Mrs. Edward V. Fineran 1319 Woodside Parkway Silver Spring, Maryland	Sligo 5763	
<u>43. League of Women Voters</u>		43.
Mrs. James V. Bennett, Chairman 119 W. Leland Street Chevy Chase, Maryland	Wisconsin 2403	
<u>44. Lions Clubs</u>		44
A. Bethesda, Chevy Chase Carey E. Quinn, Pres. 114 Del Ray Ave. Bethesda, Maryland	Wisconsin 2355	
B. Damascus Jerry T. Williams Damascus, Maryland	Damascus 6261	
C. Gaithersburg Robert Ward 198 Russell Ave. Gaithersburg, Maryland	Gaithersburg 232-J	
D. Kensington Warren Haley 1009 Hopewell Ave. Takoma Park, Maryland	Shepherd 1475	

Name, Address, Organization	Telephone	No.
<u>44. Lions Clubs Continued</u>		44.
<u>E. Manor Park</u>		
Henry Taylor	Lockwood 5-3022	
7 Great Oak Road		
Manor Park Silver Spring, Md.		
F. Rock Creek		
Lewis Hopfenmaier	Sligo 4422	
8634 Colesville Road		
Silver Spring, Maryland		
G. Rockville		
Mr. William Pyles	Rockville 2807	
12 Williams Street		
Rockville, Maryland		
H. Sandy Spring		
Dr. Thomas A. Ladson	Ashton 2441	
Olney, Maryland		
I. Silver Spring		
Mr. Loraine J. Milliken	Juniper 7-7070	
10 Sherwood Road		
Silver Spring, Maryland		
J. Takoma Park		
Ronald V. Herwick	Sligo 2860	
423 Boyd Avenue		
Takoma Park, Md.		
<u>45. Maryland Society for Crippled Children</u>		45.
Dr. Austin Rohrbough, Pres.	Oliver 2400	
104 Chevy Chase Drive		
Chevy Chase, Maryland		
<u>46. Mental Hygiene Clinic</u>		46.
Farmers Bank Building	Rockville 3922	
Rockville, Maryland		
Dr. Christopher T. Bever, Medical Director		
Miss Ruth Barron, Chief Social Worker		
<u>47. Mental Hygiene Society of Montgomery County</u>		47.
Dr. Aaron B. Nadel, President	Shepherd 6837	
9222 Pine Tree Road		
Silver Spring, Maryland		
<u>48. Montgomery County Agricultural Agent</u>		48.
County Agencies Building	Rockville 3737	
Rockville, Maryland		
O. W. Anderson		
R. W. Whipp, Assistant		

Name, Address, Person to Call	Telephone	No.
<u>49. M.C. Chapter, Maryland Cancer Society</u> Dr. Irene Barret 4928 St. Elmo Ave. Bethesda, Maryland	Wisconsin 0400	49.
<u>50. M. C. Civic Federation</u> Henry H. Snelling, Pres. 6708 45th St. Chevy Chase, Maryland	Wisconsin 3986	50.
<u>51. M. C. Commission for Youth</u> Mr. William Royer, Chairman County Agencies Building Rockville, Maryland Miss Marguerite Stone, Secretary	Rockville 4343 Gaithersburg 500	51.
<u>52. M. C. Community Chest and Council</u> 811 Pershing Drive Silver Spring, Maryland Honorable Stedman Prescott, Pres. Mr. Virgil J. Shinker, Acting Executive Secretary	Sligo 7145	52.
<u>53. Montgomery C. Council of Cooperative Nursery Schools</u> Mrs. Milton Berliner, President 602 Forst Glen Road Silver Spring, Maryland	Shepherd 3898	53.
<u>54. Montgomery C. Dept. of Public Libraries</u> 214 Diamond Ave. Gaithersburg, Maryland Mr. G. B. Moreland, Director	Gaithersburg 534	54.
<u>55. M. C. Dept. of Public Welfare</u> County Agencies Building Rockville, Maryland Mr. William B. Royer, Director Ask for Intake Worker	Rockville 4343	55.
<u>56. M. C. Dept. of Recreation</u> (In process of organization during November For further information call the County Manager's Office)	Rockville 2121	56.
<u>57. M. C. Education Association</u> Miss Katherine Greaney, Pres. Bethesda-Chevy Chase High School East-West Highway, Bethesda, Maryland	Whitehall 0001	57.
<u>58. M. C. Federation of Women's Clubs</u> Mrs. George T. Cordron 4603 Harling Lane Bethesda, Maryland	Wisconsin 6923	58.

Name, Address, Person to Call	Telephone	No.
<u>59. Montgomery County General Hospital</u> Sandy Spring, Maryland	Ashton 2311	59.
<u>60. Montgomery County Health Department</u> Rockville, Maryland	Rockville 4321	60.
A. Dr. H. V. Ellicott, Health Officer B. Dr. Audrey J. McDonald, Clinic Services C. Miss Saffie Gladwin, Chief Public Health Nurse D. Dr. Harold Mitchell Director of School Health E. Miss Lilly Barrell, Medical Social Service		
<u>61. Montgomery County Health Fund</u> 104 S. Perry Street Rockville, Maryland Dr. Byron Olson, President Mrs. Jessie Bakeman, Lxecutive Director	Rockville 2868	61.
Takoma Park, Silver Spring, Wheaton 811 Pershing Drive Silver Spring, Maryland	Sligo 7145	
<u>62. Montgomery County Jewish Community Center</u> 8402 Freyman Drive Silver Spring, Maryland Mr. Abe Lerner, President Mr. Louis Neimand, Executive Director	Shepherd 3436	62
<u>63. Montgomery County Medical Society</u> Dr. William Welsh, President 104 S. Washington St. Rockville , Maryland	Rockville 3432	63.
<u>64. Montgomery County Ministerial Association</u> Rev. W. E. Firth President 2620 Colston Drive Chevy Chase, Maryland	Sligo 3311	64.
<u>65. Montgomery County Park and Planning Commission</u> 8500 Colesville Road Silver Sor ing, Maryland Richard F. Green, Commissioner	Shepherd 1480	65.
<u>66. Montgomery County Public Health Lay Council</u> 104 S. Perry St. Rockville, Maryland Mrs. Harold Mitchell, President	Rockville 2868	66.
<u>67. Montgomery County Teachers' Association (Negro)</u> Mrs. Margaret Jones, Pres. Rockville Llementary School (Colored) Rockville, Maryland	Rockville 9882	67.

Name, Address, Person to Call	Telephone	No.
68. <u>Montgomery County Tuberculosis Association</u> 7 Wilson Lane Bethesda, Maryland Dr. J. W. Bird, President Miss Claudia Galiher, Executive Secretary	Oliver 6718	68.
69. <u>Mosse Lodge 1150</u> Robert I. Harding, Governor 6902 East Lane Bethesda, Maryland		69.
70. <u>National Council of Jewish Women of Montgomery County</u> Mrs. Alexander Wolf, President 4502 Harling Lane Bethesda, Maryland See a lso Volunteer Referral Bureau	Oliver 5295	70.
71. <u>National Foundation for Infantile Paralysis</u> (In process of organization in Montgomery County) Mr. Charles H. Davidson, Acting Chairman Lockwood 5-0951 11 Baltimore Avenue Kensington, Maryland		71.
72. <u>Optimist Clubs</u> A. Silver Spring John A. Emory c/o Stone House Inn Silver Spring, Maryland B. Takoma Park Ralph Lutz 8502 Haskins Place Takoma Park, Maryland	Shepherd 4198 Juniper 7-6952	72.
73. <u>Opti-Mrs. Club</u> Mrs. Robert M. Derrick, Pres. 911 Philadelphia Avenue Silver Spring, Maryland	Shepherd 2343	73.
74. <u>Planned Parenthood League, Inc. of Montgomery County</u> 8118 Wisconsin Avenue Bethesda, Maryland Mrs. Isabel Loftus, Executive Director	Wisconsin 3666	74.
75. <u>Quota Club of Montgomery County</u> Miss Lillian Cain, Pres. 5540 Wessling Lane Bethesda, Maryland	Wisconsin 6014	75.

Name, Address, Person to Call	Telephone	NO.
<u>76. Rotary International</u>		76.
A. Bethesda-Chevy Chase Carl Backschmid 7337 Wisconsin Ave. Bethesda, Maryland	Wisconsin 5465	
B. Olney Wilbur N. Baughman Olney, Maryland	Lockwood 5-2323	
C. Silver Spring Charles Graham C. & P. Telephone Co. Silver Spring, Maryland	Shepherd 9900	
<u>77. Rotary Auxillary--Inner Wheel Club</u> Mrs. George W. Imirie 9515 Georgetown Road Bethesda, Maryland	Wisconsin 7286	
<u>78. Seventh-day Adventist Schools</u> Potomac Conference of S.D.A. 411 Cedar Street N. W. Washington, D. C. H. W. Bass, Educational Secretary	Georgia 5791	78
<u>79. Social Service Exchange</u> Court House Rockville, Maryland	Rockville 2121	79.
<u>80. Social Service League of Montgomery County</u> 104 S. Perry St. Rockville Maryland Robert Jones, Executive Director Ask for Intake Worker	Rockville 3966	80.
<u>81 Soroptimist Club of Montgomery County</u> Miss Edna Haucke, Pres. 1 Park Street Rockville, Maryland	Rockville 3574	81.
<u>82. Special Education, Parents Group</u> Howard Johnson, President 9920 Capital View Avenue Silver Spring, Maryland	Lockwood 5-0340	82.
<u>83. State of Maryland Dept. of Employment Security</u> Affiliated with U. S. Employment Service 934 Ellsworth Drive Silver Spring, Maryland Mr. Gilbert S. Brown, Manager	Shepherd 1020	83.

<u>Name, Address, Person to Call</u>	<u>Telephone</u>	<u>No.</u>
<u>84. Suburban Hospital</u> 8600 Old Georgetown Road Bethesda, Maryland	Oliver 6700	84.
<u>85. Sunnyday School</u> Mrs. David Delo, Director 4700 Norwood Drive Bethesda, Maryland	Oliver 1333	85.
<u>86. Venture Club of Montgomery County</u> Miss Pat. Bellamy, President Wheaton, Kensington, Maryland	Lockwood 5-8488	86.
<u>87. Volunteer Referral Bureau</u> (Sponsored by Nat. Council of Jewish Women) Mrs. Naomi Goldberg, Chairman 9406 Warren Street Silver Spring, Maryland	Sligo 7502	87.
<u>88. Washington Sanitarium and Hospital</u> Takoma Park, Maryland	Shepherd 8800	88.
<u>89. Young Men's Christian Association</u> 10111 Coleville Road Silver Spring, Maryland Mr. Charles N. Graham, Chairman Mr. Joseph B. Bunker, Executive Secretary	Sligo 1121	89.
<u>90. Young Womens Christian Association</u> 8600 Wisconsin Avenue Bethesda, Maryland Mrs. Gordon Seger, President Miss Polly Bullard, Executive Director	Oliver 3632	90.

Appendix D-2

REPORT OF THE MONTGOMERY COUNTY CONFERENCE
ON YOUTH PROBLEMS

Sponsored by

The Montgomery County Commission for Youth

November 10, 1951

DESCRIPTION OF THE CONFERENCE

November 10, 1951, the day of the Youth Conference sponsored by the Montgomery County Commission for Youth, was a crisp, sunny, autumn day. Registration for the conference began at 8:30 at Leland Junior High School in Bethesda. Approximately 120 persons registered. These delegates, both youth and adult, had been invited because of their interest and responsibility in relation to youth.

The first session opened at 9:30 a.m., with William L. Royer, Chairman of the Youth Commission, presiding. Mrs. Stella Werner, Councilwoman, gave a brief history of the Youth Commission. Thomas A. Conlon, Jr., General Chairman of the Conference, introduced the dramatized fictional juvenile court skit written by Cass Nevius, Youth Commission member, and acted by Bethesda-Chevy Chase High School students under the direction of Mrs. Alice Marquez.

Discussion by panel members which followed centered around problems arising from the skit. In the absence of Dr. Paul Douglas, former president of American University, the Honorable Alfred D. Noyes, Magistrate for Juvenile Causes in Montgomery County, presided over the panel. Panel members were Dr. John Lewis, mental hygiene consultant of the U. S. Public Health Service; Thomas W. Pyle, assistant superintendent of school for Montgomery County; and Miss Maisie Rappaport, Supervisor, Division of Protective Services in Baltimore.

At the close of the panel discussion, conference members were divided into groups of 10 to 15 persons. The groups met in classroom and discussed problems arising from the skit under previously selected discussion leaders. Discussion in the groups was lively, intense and earnest.

A short refreshment break following the discussion period enabled a committee to summarize the reports of group recorders. These Mr. Royer presented to the assembled conference in the closing session. Panel members, including Dr. Paul Douglas, commented on points made by the groups and added suggestions of their own. Pertinent comments were made from the floor. Individual evaluation sheets were collected from all delegates and the conference adjourned at 1:30 p.m.

SUMMARY OF THE SKIT

The skit, presented by the Bethesda-Chevy Chase High School Dramatics Club, dealt with a juvenile court case which represents the plight of many children brought to the attention of the court and other agencies. However, a large per cent of families and children in the County either solve their own problems or receive adequate help from County resources.

In the skit, John Calhoun, a fifteen-year-old boy, had been brought to Court by his employer for stealing \$200 from the Cash Register while he was away one day. The college preparatory curriculum which his parents insisted upon did not appeal to John. He liked to work with his hands and wanted vocational training. Unknown to his parents he had a reading disability, which coupled with his disinterest, held him back in his studies.

After securing a job in a neighborhood store he began to feel better until he took the money and ran away to North Carolina. When he returned to Montgomery County he got little sympathy from his parents. In Court, Mrs. Calhoun revealed that she spent most of her time taking care of a younger son who had rheumatic fever. John, himself, admitted that he had no inclination to participate in any of the recreation or activity programs available to him. Mr. Calhoun had to work nights in order to make enough to cover the medical expenses of the family and had little time to spend with them.

The question before the Court was left open for the delegates to discuss: What should be done about John now? Where did Montgomery County Fail? What can the community do now and what services are needed?

DISCUSSION BY THE PANEL

Members: Honorable Alfred D. Noyes, Dr. John Lewis, Mr. Thomas W. Pyle, Miss Maisie Rappaport, and Dr. Paul Douglas.

Each member of this family has been struggling along, attempting to carry his end of the load in accordance with traditional expectations of American culture. There are many strengths on which to build. However, the joy of living, active emotional health seems to be missing. Each member appears to be isolated and distant in his feelings about the other members. Each parent is attempting to impose an ideal on John with little awareness or consideration of what his true needs and capacities are at the present time.

John had been showing symptoms of his poor adjustment for years in inferior learning achievement and through lack of group acceptance. Nobody understood--at least not enough to make help available in time. John expressed his feelings of inadequacy and loneliness through dramatic, anti-social behavior before anyone paid attention. He attempted to carry the disappointment of his family and it was too heavy for him to bear.

Before the Court can come to a decision as to what is best for John and his family more aspects of the problem need to be studied. What is John's intellectual ability to learn? Does he have an eye defect which may be interfering with his reading? Is his family open to help from a psychiatric or family counseling agency? What possible special program might be arranged in school which would meet John's needs? What does he want to study? How can he become successful in socially acceptable ways?

These and other questions need to be answered through further diagnostic study, such as might be available in a diagnostic study center with medical, psychiatric, and social work personnel as well as a psychologist. If John needs to be detained while this is going on, he should have living arrangements which become part of the process of study, where his behavior can be observed and used to help understand him.

Up to the present John's family have not known how to surround him with the influences he needs for active healthy development. He has not succeeded in becoming a part of a family group, he has not succeeded in school, and he has not succeeded in establishing group belongingness with children his own age. Now the community must step in and find some way to help.

CONSENSUS FROM THE GROUP DISCUSSIONS

Groups were led by the following people: Mrs. Ivan Asay, Mrs. C. R. P. Cochrane, Miss Claudia Galiher, Mrs. Thomas G. Hutton, Mrs. Margaret T. Jones, Mr. T. H. Owen Knight. The following points were most frequently mentioned in the reports from the group recorders:

Where did Montgomery County fail?

1. First of all, in this instance, it failed through the family. This family was following the conventional pattern for family living and was not aware that it was sick in its relationships. No opportunity was provided for them to learn that they needed help. No one found a way to communicate this to them in a way that they could accept. The county needs more opportunities for education in family living through group experience and through individual counseling. It needs to think about ways to prepare John and other youth so that they will not repeat the mistakes of their parents.

2. Second, the county failed through the schools John attended. The teachers did not recognize the meaning of symptoms, or if they did, they did not succeed in getting him the help he needed. He was failing and disinterested in his work. He was lost from his group. Yet no teacher or principal referred him to the Counselor for a revised program or to the psychologist or pupil personnel for special study. If he was referred, then the referral was not followed up to the point where he was helped. There is no record of special testing to discover the cause of his failure, especially his inability to read. All these services are available to a limited extent in the schools. John was not dramatic enough in his symptoms to warrant referral and there is no systematic screening of all children.

The school failed to discover the impaired relationships in the family and through skilled counseling make adequate help attractive and available to the family. The school failed to share its information and ask for other types of information from the nurse and family doctor.

3. The county failed through its medical program. The mother was overburdened with the care of the younger child with rheumatic fever. This impaired relationships in the family and no medical person referred the family to services which might have helped.

Routine physical screening had not ruled out possible visual difficulties which might have affected his learning. The nurse or the doctor did not approach the school with suggestions for a revised program and help with group relationships.

4. The county failed through the recreation program. No one took the trouble to draw such a shy boy as John into any group experience where he could feel accepted. John is the type of boy who is not attracted to large groups and athletics, but the more quiet, group work approach might have saved him from being overwhelmed with his loneliness. Even if he wanted some type of recreation, was it available in his community or could he have found transportation? Was it available all year around or only for a month or two.

5. The county failed John through the churches. John did not belong. He did not belong at home, at school, in a recreation program, or to a church group. No boy his own age invited him to join in with his fellows. No "big brother" took an interest in him. He had no opportunity to identify with an older man whom he liked and admired.

6. There was not enough general community concern for boys like John and for the needs of his family. The failure of one boy is a community failure.

7. The county services are too limited. There are not enough school counselors, pupil personnel workers, nurses, nor psychiatric, psychological, and family counseling services. The county lacks facilities for systematic screening and follow-up of every child to ensure that all who need it get help. Too few parents are reached in the parent education programs. Not only is there a need for increased personnel in all these fields, but also a need for research and constantly improving skill.

8. The services available are not sufficiently coordinated so as to serve all children in need and avoid duplication. Medical educational and other agencies need to think about filing systems and administrative processes for adequate sharing of information, clearing, and referrals and the teamwork approach. However, in doing this, the rights of individuals to confidential records should not be disregarded.

SUGGESTIONS MADE TO THE MONTGOMERY COUNTY YOUTH COMMISSION

The following are suggestions for action gleaned from the final session of the panel, the discussion groups and the individual evaluation sheets:

Adjustment Programs

1. Work toward the coordination of all services so that a total screening program of all children with special needs may be developed in a teamwork approach of all professional personnel.

2. Increase all necessary services, particularly school counseling, pupil personnel, public health nursing, psychiatric, psychological and family counseling.

3. Set up a diagnostic study home connected with the Juvenile Court staffed with medical, psychiatric, psychological and social work personnel which might also be used by other agencies

4. Establish a farm school-treatment center under the Board of Education which would have the personnel and facilities necessary to educate and treat emotionally disturbed adolescents.

5. Extend and improve other special education programs to meet the needs of all children.

Recreation

6. Extend and improve the county recreation program under both private and public auspices so as to provide adequate recreation for all children of a type which will meet diversified needs.

Education for Family Living

7. Extend and improve programs of education for family living. These programs should include both parent education and preparation of youth for future family responsibilities.

Youth Forums

8. Set up a program of Youth Forums where young people, themselves, may discuss and arrive at solutions for their own problems.

Use of Volunteers

9. Study methods of recruiting and training volunteers in areas where they may serve effectively.

Mental Health of Professional Personnel

10. Recommend that agencies and institutions dealing with youth give special study to personnel practices which will provide emotionally mature employees.

Publicity to Existing Resources

11. Give greatly increased publicity to existing resources so that families and professional personnel may know what help exists as they become aware of problems and how to ask for and get help.

HISTORY OF THE MONTGOMERY COUNTY COMMISSION FOR YOUTH

On July 27, 1950, the County Council for Montgomery County passed a resolution creating the Montgomery County Commission for Youth. Alfred D. Noyes, Magistrate for Juvenile Causes, was appointed as acting chairman to work with Blair Lee, III, Vice-chairman and Park Commissioner, Dr. Audrey J. McDonald, Assistant County Health Officer, William Royer, Director of Montgomery County Welfare Board, and Dr. Edwin W. Broome, Superintendent of Schools. The purposes as stated in the resolution were as follows:

a. Convene and organize at the earliest practicable date and recommend to the County Council the number of persons who should serve on the Commission for Youth, the names of any additional persons whom they feel are qualified to serve, and the terms for which they should serve.

b. Study the facilities available in Montgomery County for the health, welfare and morals of youth and to make a report of all such facilities to the Maryland Commission for Youth and to the County Council upon request.

c. Work toward the coordination of youth activities through cooperation with the Maryland Commission for youth and other local agencies and to sponsor new services for youth.

d. Recommend to the County Council and other official agencies within Montgomery County and the State of Maryland new services which the Commission feels would be beneficial to the youth of the County and steps which could be taken to strengthen present services.

e. Cooperate with the Maryland Commission for Youth in preparing a program of participation in the White House Conference on Youth and youth problems to be held in December, 1950, in Washington, D. C.

The first meeting was called September 7, 1950, with Dr. Preston Sharp, Director of the Maryland Commission for Youth, present as a resource person. The first activities were the selection of a delegate to the White House Conference, Dr. Edwin Broome, and the appointment of delegates to the Towson Youth Conference sponsored by the State Commission September 23, 1950. Sub-committees were appointed in Education, Children and Youth in Trouble, Children in their own and foster homes, Children in Institutions, Health, Recreation, and Employment, to prepare a county report for the White House Conference which was filed with the State Commission October 1, 1950.

In December of 1950, the County Council requested that the Youth Commission make a study of the recreation facilities and needs of the county. Mr. Lewis Barrett, Consultant to the American Association of Health, Physical Education and Recreation, was called in to work with the Recreation Committee and community groups in preparing this report which was presented to the Council April 10, 1951. The Council passed legislation based upon this report which created a Montgomery County Department of Recreation.

In January 1951, the full membership had been appointed, 30 in all, and Mrs. Helen Bready, Supervisor of High School Education was elected Chairman. Mr. Gilbert Brown served as vice-chairman and Miss Marguerite Stone as secretary until the terms expired, June 27, 1951. The present officers are: Mr. William Royer, Chairman, Dr. Audrey McDonald, vice-chairman, Mr. Gilbert Brown, Treasurer, Mrs. Lois Perry Jones, Public Relations, and Miss Stone Secretary.

Delegates were sent to the Hagerstown Regional Conference sponsored by the Maryland Commission for Youth, January 13, 1951; and to the Sixth National Conference on Citizenship, held at the Statler Hotel May 16 to 20, 1951, sponsored by the U. S. Department of Justice and the National Education Association.

The Commission felt that in order to function effectively it needed the thinking and support of a wider representative group and decided to sponsor this county-wide conference on youth problems before undertaking any further projects. A county directory of services, organizations and agencies for youth was prepared for distribution at this conference. This report of the conference is to be used as a basis for further study and action by the Commission and is to be submitted to the County Council.

APPENDIX E

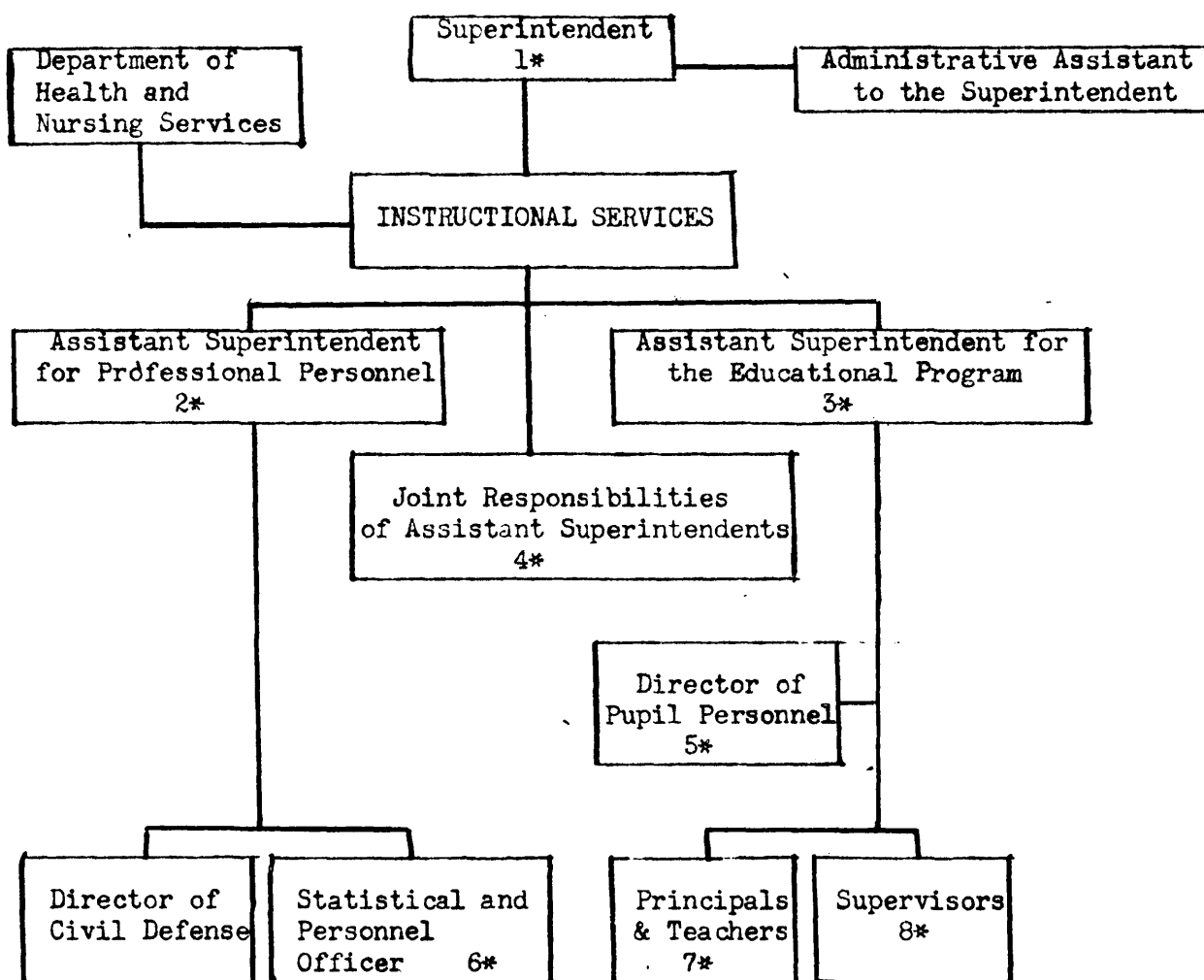
ADMINISTRATIVE CHART OF THE
BOARD OF EDUCATION

Appendix E

FUNCTIONAL ORGANIZATION

PUBLIC SCHOOLS, MONTGOMERY COUNTY, MARYLAND

As published in a communication to parents
May, 1952



* The responsibilities of these officers are listed on the following pages.

RESPONSIBILITIES OF OFFICERS

1. Superintendent
 - a. Serving as the executive officer of the Board of Education.
 - b. Acting under the provision of the law as Secretary and Treasurer to the Board of Education.
 - c. Advising with the Board on school policies.
 - d. Recommending appointments of all personnel on the advice of the assistants.
2. Assistant Superintendent for Professional Personnel
 - a. Interview and recruiting teachers for recommendation.
 - b. Recommending for appointment, to the Superintendent, all professional personnel.
 - c. Formulating committees to evaluate textbooks and materials of instruction.
 - d. Recommending textbooks for Board adoption.
 - e. Selecting materials of instruction for teaching service.
 - f. Carrying out other services required in this area.
3. Assistant Superintendent for the Educational Program
 - a. Supervising the instructional program in all grades.
 - b. Directing the services of all supervisors in their work with principals and teachers.
 - c. Directing the in-service training of teachers.
 - d. Organizing the use of materials of instruction and textbooks to provide for the educational program of all children including provision for individual differences.
 - e. Developing and modifying the curriculum.
 - f. Directing summer professional workshops for teachers.
 - g. Carrying out other services required in this area.
4. Joint Responsibilities of Assistant Superintendents
 - a. Adjusting personnel to the educational program.
 - b. Preparing the annual school calendar for the year.
 - c. Providing for special classes for children of unique needs.
 - d. Directing the psychological service.
 - e. Planning for programs for professional improvement through the use of outside specialists.
5. Director of Pupil Personnel
 - a. Working with children and parents through home visits for needed adjustment of children in school.
 - b. Working with other agencies such as the Welfare, Social Service, Juvenile Court, Mental Hygiene Clinic in providing help for children where needed.
 - c. Checking illness of children in attempting to discover the causes for absence.
 - d. Working with teachers in adjusting programs required to meet special needs of children.

- e. Approving transfer to other schools where the welfare of the child makes it advisable.
- f. Counselling with families and the schools on the solution of problems affecting children.
- g. Referring, as a last resort, to the Juvenile Court services.
- h. Performing other services required in this area.

6. Statistical and Personnel Officer

- a. Recording pupil attendance for all schools.
- b. Reporting to State Department, as required, attendance records.
- c. Reporting to State Department the certification and work of every teacher in the County as required by law.
- d. Working with the certification of all teachers as they are appointed to comply with State requirements.
- e. Providing a card record for all employees in the system.
- f. Recording the days worked, lost time and sick time for all employees.
- g. Reporting to the Pay Roll Department, prior to the pay roll time, the information about each employee.
- h. Discovering the students for application for Federal Aid.
- i. Performing other services required in this area.

7. Principals and Teachers

- a. Identifying with teachers their services and responsibilities to the schools.
- b. Establishing the work for assistant teachers who have direct contact with the educational program being carried out for children.
- c. Directing the administration of the school in respect to parent relations, discipline, and pupil-teacher relations.
- d. Working with teachers in the improvement of courses offered to meet more adequately the needs of children on all levels.
- e. Performing other services required in this area.

8. Supervisors

- a. Directing the work of teachers which is concerned with the improvement of methods of learning of children.
- b. Planning the work of having teachers, through supervision, identify problems to be solved by the children, determining the problems, building standards of achievement for the children, establishing procedures for the students to organize their own learning.
- c. Planning with teachers for demonstrations, faculty meetings, visitations to other classes, and giving direct help in the classrooms to teachers.
- d. Performing many other services required in this area of work.

APPENDIX F

FORMS AND BLANKS USED IN
THE PILOT STUDY

CLASSIFICATIONS OF CHILDREN NEEDING HELP

I. Attendance Problems

- A. Per cent of absence this year
- B. Legal (excused for illness)
- C. Illegal (cutting)

II. Emotional Problems

- A. Suspected
- B. Diagnosed by:
 - 1. Mental Hygiene Clinic
 - 2. School Psychologist
 - 3. Private psychiatrist or psychologist
- C. Mild
- D. Severe
- E. Has had psychotherapy or is under treatment.

III. Learning Difficulties

- A. Observed by teachers.
- B. Diagnosed by specialists.
- C. Achievement scores:
 - 1. Above average
 - 2. Average
 - 3. Below average
 - 4. Failing
- D. Special handicaps:
 - 1. Reading
 - 2. Mathematics
 - 3. Other

IV. Intelligence Quotients

- A. Group Tests
 - 1. Under 50
 - 2. 50-74
 - 3. 75-120
 - 4. 121-159
 - 5. 160-199
 - 6. 200+
- B. Individual Tests
 - 1. Under 50
 - 2. 50-74
 - 3. 75-120
 - 4. 121-159
 - 5. 160-199
 - 6. 200+

V. Cerebral Palsied

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Privated physician
- C. Adequate treatment

Vi. Infantile Paralysis

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
- C. Adequate treatment

VII. Orthopedic Handicaps (Crippled)

- A. Observed by Teachers
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
- C. Adequate treatment.

VIII. Rheumatic Fever

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
- C. Adequate treatment

IX. Other Cardiac

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
- C. Adequate treatment

X. Epileptic

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
 - 3. Grand mal
 - 4. Petit Mal
- C. Adequate treatment

XI. Tuberculosis

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
- C. Arrested
- D. Under treatment

XII. Hearing Loss

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. School audiometer tests
 - 3. Private physician
 - 4. Partial
 - 5. Total
- C. Hearing aid
- D. Lip Reading
- E. Adequate classroom protection and consideration.

XIII. Sight loss

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
 - 3. Partial.
 - 4. Totally Blind.
- C. Glasses
- D. Other adequate treatment.
- E. Sight saving Ed. Program.

XIV. Speech Disorders

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
 - 3. Articulation
 - 4. Phonation
 - 5. Rhythm
 - 6. Symbolization
- C. Adequate treatment.

XV. Glandular

- A. Suspected
- B. Diagnosed by Health Dept.
 - 2. By private physician
 - 3. Obese
 - 4. Nervous
 - 5. Mongoloid
 - 6. Cretin
 - 7. Other

C. Adequate treatment

XVI. Facial Disfigurement

- A. Observed by Teachers
- D. Diagnosed by:
 - 1. Health Dept.
 - 2. Private Physician
- C. Adequate treatment.

XVIII. Teeth Difficulties

- A. Suspected
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private dentist
- C. Adequate treatment.
 - 1. Braces

XVIII. Other disfigurements

- A. Suspected or observed
- B. Diagnosed by:
 - 1. Health Dept.
 - 2. Private physician
- C. Adequate treatment

XIX Previous Efforts the School has Made to Help

- A. Counseling with or examination of child
- B. Counseling with parents (or foster parents)
- D. Counseling with Guardian (Social Agency)
- D. Special program of classes.
- E. Work experience program
- F. Home Teaching
- G. Remedial tutoring class
- H. Special class for slow learners
- I. Suspended or withdrawn from School
- J. Personnel who have worked with child
 - 1. Teachers
 - 2. Principal or vice-principal
 - 3. Counselor
 - 4. Nurse
 - 5. Pupil Personnel
 - 6. Psychologist
 - 7. Supervisor
 - 8. School physician
- K. Types of Contacts Made
 - 1. Telephone
 - 2. Letters
 - 3. Home visits
 - 4. Parents came to school for conferences
 - 5. Many
 - 6. Few

XX. Follow-up Needed

Space on the tabulation chart will be allowed to list the number of the classification of difficulties and the type of help such as further counseling or special school program which is indicated, if these are available. The person to be responsible for this follow-up will also be listed.

XXI. In the opinion of the Committee the child needs resources not available in public school as follows:

- A. Farm school with limited verbal program and much out-door education.
- B. Hospital school for emotionally disturbed children.
- C. Institution for mentally or physically handicapped.
- D. A public school program not now offered:
 - 1. Classes for slow learners in junior and senior h.s.
 - 2. Classes for exceptionally gifted children.
- E. State Training school for correction of behavior.
- F. A more intensive program of parent education and counseling.
- G. Other (specify what)

SCREENING PROJECT TO DISCOVER CHILDREN WITH SPECIAL NEEDS

In keeping with the general philosophy of education in the United States and Montgomery County that every child has a right to an education, the schools are constantly undertaking research in methods and processes which will improve present practices and more nearly meet the needs as they are discovered. Of necessity, the schools attempt to teach average children in the general program of education. Of recent years, more and more emphasis has been placed on the individual in the regular classroom. Competence in teaching every child varies from classroom to classroom, but there are certain types of deviations with which no classroom teacher is equipped to deal, and he may actually harm a child if he does not refer him to special resources.

Montgomery County has developed a program with many services available to children both in the school system and outside. (See Directory of Services prepared by Youth Commission). The administration has long encouraged teachers and principals to refer children, especially through the health program in teacher-nurse conferences and through consultation with pupil personnel. However, the skill to recognize symptoms of special needs which cannot be met in the regular classroom does not always come automatically, and up to the present no carefully worked out plan to build and use this skill has been set up. This process needs to include an adequate knowledge of existing resources, an evaluation of these resources, education in recognition of signs, recommendations for referral and for extending and improving resources.

The State Law which increased the compulsory attendance age to 16 has stimulated interest in such a screening process and a committee has been set up to study the situation. Other factors have also contributed to the present concern with it. Dr. Broome recently received the following letter:

November 9, 1951

"To the County Superintendents of Schools:

"Last year the State Board of Education authorized the appointment of a committee to study special education in Maryland. The committee, appointed in September with Mr. George Constable, a Baltimore attorney, as chairman, held its first meeting on October 11, 1951. The minutes of that meeting are enclosed.

" You will notice that the committee decided to study first what areas should be included in special education and how many children there are in each area. This task was given to a sub-committee which is now enlisting your aid in obtaining accurate or as nearly accurate figures as you can assemble for your county. Please ask the staff member in your department who is responsible for special education to attend to this as soon as possible. We suggest that you study the census, contact the local department of health, and confer with supervisors of pupil personnel. The enclosed questionnaire specifies certain areas but they are not all-inclusive. Feel free to add any others you may have in your county. The sub-committee is most anxious that you list all types as well as the degrees of severity within each type.

"We realize the difficulties you will meet in making this study, but we ask your cooperation in producing the best figures you can and in returning the forms to Miss Ely in this office as soon as possible.

Sincerely yours,
T. G. Pullen, Jr.
State Superintendent of Schools"

Since the pupil personnel workers in this county have been primarily concerned with special education they are undertaking the job of making the report by the end of January. No such statistics are readily available so some method of estimating them has to be worked out. A total screening of one school has been suggested as a useful contribution. Other methods will be used also. It has been possible to secure the cooperation of the nurse and the administration in Gaithersburg and now the faculty is approached with a request for cooperation.

Purposes of the Study:

1. To detect symptoms which indicate deviations from normal through exploring the child's records and gathering other information known to the faculty and other personnel.
2. To screen out children needing referral for special attention, so that the child's school program can be adjusted, in so far as present resources are adequate.
3. To become acquainted with signs and symptoms which indicate special needs and effective referral.
4. To become more aware of what can be done for some of these needs in the regular classroom.
5. To become acquainted with existing resources.
6. To become acquainted with the process of referral.
7. To experiment with and evaluate one process for achieving these purposes.
8. To point up needs for other resources not now available.
9. To make recommendations to the State Dept. of Education.

It is believed that the teacher is the key person in such an appraisal and screening process since in his daily contacts with the student he sees him as a total person and can detect symptoms of behavior which may indicate the presence of special needs for help in organic, mental, or emotional problems.

Methods:

The whole process is planned to be done in the following group meetings:

General Faculty Meetings:

General information about resources, signs and symptoms, and methods of referral, is to be given in one general faculty meeting. Additional information in printed form is available for teachers who wish to read further in any area. Consultants are to be present to answer questions as follows: the director of school health, the school nurse, a health educator, and the pupil personnel worker. Lists of symptoms and sheets for classifying needs will be handed out at this meeting. A week will be given for observation of pupils in all classes before the screening committee meetings are initiated. Probably another general meeting for evaluation will be held at the end.

Screening Committees on a Grade Level:

All the teachers for each grade, the principal or vice-principal, the school nurse, pupil personnel worker, and occasionally the school psychologist and other consultants are to meet for a series of screening sessions. It is hoped that at least 30 names can be covered in an hour. Some children who are making a normal adjustment can be dealt with very quickly while others will need to have symptoms discussed sufficiently to classify them under suspected difficulties. All school records are to be available for collecting objective data and the people present are to add additional information to be tabulated on one sheet by the pupil personnel worker. This will include recommendations for follow-up or special educational planning. The school nurse and pupil personnel worker will be responsible for seeing to it that these recommendations are carried out in so far as possible before the close of school. Other school personnel will be drawn into the follow-up as indicated by the screening conferences. It may be necessary to select a sample for this follow-up if it is completely beyond the limits of time available.

Report to the State Department of Education:

The whole process will be written up and sent into the State Department. This report will include statistics on special needs, time consumed in the study and follow-up, and recommendations of the committees, as well as evaluation of the process. Suggestions as to methods of evaluation will be appreciated from any faculty member.

XX. Follow-up Needed

Space on the tabulation chart will be allowed to list the number of the classification of difficulties and the type of help such as further counseling or special school program which is indicated, if these are available. The person to be responsible for this follow-up will also be listed.

XXI. In the opinion of the Committee the child needs resources not available in public school as follows:

- A. Farm school with limited verbal program and much out-door education.
- B. Hospital school for emotionally disturbed children.
- C. Institution for mentally or physically handicapped.
- D. A public school program not now offered:
 - 1. Classes for slow learners in junior and senior h.s.
 - 2. Classes for exceptionally gifted children.
- E. State Training school for correction of behavior.
- F. A more intensive program of parent education and counseling.
- G. Other (specify what)

Name of Child B.G.I.A.B.C.II.A.B.1.2.3.6.D.E.III.A.B.C.1.2.3.4.

[illegible]

Other Personnel on Screening Committee.

D.1.2.3.IV.A.1.2.3.4.5.6.B.1.2.3.4.5,6.V.A.B.1.2.C.VI.A.B.1.2.C.

This image shows a full page of blank graph paper. The grid consists of horizontal and vertical lines forming small squares. There are approximately 20 columns and 25 rows of squares. A single dot is located at the top center of the page, above the first row of the grid.

XVII.A.B.1.2.C.1.XVIII.A.B.1.2.C.XIX.A.B.C.D.E.F.G.H.I.J.1.2.3.4.

5.6.7.8.K.1.2.3.4.5.6.XX.

XXI.AB.C.D.E.F.G.

I felt the time seemed long___short___well used___wasted___.

I was interested most___some___little___of the time.

I was bored most___some___little___of the time.

I feel we should have taken more___less___time.

I felt free___did not feel free___to contribute my ideas.

I felt my ideas were valued___were not valued___by the others.

I feel such a screening process is of some___little___great___
value to each child.

I feel I learned a great deal___some___little___about the mean-
ing of symptoms.

I feel I learned a great deal___some___little___about community
resources for follow-up and treatment.

I feel such a screening process is of some___little___great___
value to me as a teacher.

I would recommend this process for all schools___.

I would not recommend this process for other schools___.

I would suggest the following changes to improve this process:

VITA

Name: Marguerite Martindale Stone-Fogel

Permanent Address: 2800 Woodley Road N. W., Washington 8, D. C.

Degree to be conferred: Ph.D. June, 1953.

Date of Birth: September 12, 1912.

Place of Birth: Graysville, Tenn.

Secondary Education: West Caribbean Training School, Obispo Canal Zone;
Washington Missionary College Academy, Takoma Park, Md.

<u>Collegiate Institutions Attended</u>	<u>Dates</u>	<u>Degree</u>	<u>Date of Degree</u>
Washington Missionary College	31-37	BA	1937
University of Maryland	37-43	MA	1943
National Catholic School of Social Service (Catholic University of America)	44-47	MSSW	1947

Publication:

"Parental Attitude to Retardation" American Journal of Mental Deficiency.
Vol. LIII, No. 2, October 1948.

Positions Held:

1929-30 Spanish Teacher, West Caribbean Training School, Obispo, Canal Zone.

1937-39 Head of Commercial Dept., Oshawa Missionary College, Oshawa, Ontario.

1939-41 Teacher, Commerce and Spanish, Takoma Academy, Takoma Park, Md.

1941-42 Commercial Teacher, Arlington Institute, Arlington, Virginia.

1942-43 Commercial Teacher, Marjorie Webster Schools, Inc., Washington, D. C.

1943-44 Teacher and Guidance Counselor, Philadelphia Academy, Phila., Penna.

1944-48 (With time out for training) Case worker, Social Service League of
Montgomery County, Maryland.

1948-50 Psychiatric Case Worker and Child Therapist, Arlington County
Guidance Center, Arlington, Virginia.

1950-51 Assistant in Research, Board of Education, Montgomery County, Md.

1951-52 Visiting Teacher, Board of Education, Montgomery County, Md.

